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28 February 1986

Worldwide Report

EPIDEMIOLOGY

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HUMAN DISEASES

ANIMAL DISEASES

BANGLADESH

IMMUNIZATION PROGRAM AGAINST CHILDREN'S DISEASES

Dhaka THE BANGLADESH TIMES in English 24 Dec 85 pp 1, 8

[Text] The Government will launch next year a multi-million dollar massive immunization programme against six diseases that claim lives of 28 children every hour in the country.

The diseases are: diptheria, pertussis (whooping cough) tetanus, polio, measles and tuberculosis, UNICEF and some other international organisations would provide assistance to the immunization programme that intends to cover the entire child population by 1990.

Mr Anthony A Kennedy UNICEF representative in Bangladesh told a news conference at Sonargaon hotel on Monday that the UNICEF would provide assistance worth 14.6 million US dollar to the programme that targeted to cover 20 million under two children and child-bearing mothers allover the country by the year 1988.

The UNICEF representative termed the coverage under immunization programme till date in Bangladesh as "outrageous" and said that political will, inadequate knowledge among concerned health workers and complete ignorance about immunization had been responsible for poor immunization coverage.

The UNICEF representative said that Bangladesh President H M Ershad in his recent address at the United Nations General Assembly had spelled out his country's commitment to immunise its children against six major diseases.

He said that 54,000 different level workers and officials would work all over the country to make the immunization programme a success.

In the first half of the next calendar year, the immunization programme would be launched in eight upazilas of four districts including Mymen singh, Noakhali and Jessore.

IODISED SALTS

The UNICEF representative said that government and UNICEF had taken up a joint programme to provide iodised salt. It would take only Taka three to Taka five to iodise a maund of table salt, he said.

/12828
CSO: 5450/0100

BANGLADESH

PAPER CRITICIZES TENDENCY TO HIDE CHOLERA CASES

Dhaka THE NEW NATION in English 21 Dec 85 p 5

[Text] Diarrhoea has again broken out. At Jhala-kathi, Pirojpur and Barisal it has assumed serious forms claiming hundreds of lives. The numbers of attacks and death cases in the affected upazilas, according to official sources are--Pirojpur proper: 433 :35, Kaokhali 583 : 54, Sharupkathi: 268 : 16, Banaripara 229 :16, Nazirpur 16 : 1, Jhalakathi proper 134 : 21, Nalchhiti 258 : 28, and Kathalia 172 : 28. Bhandaria and Mathbaria upazilas in the Pirojpur district have also been seriously affected. In Bhandaria upazila alone, in ten days--from the eighth to the seventeenth--17 persons died and 377 persons were attacked. Chances are there that the actual number is higher than officially admitted.

One is further exercised to learn whenever there are outbreaks of the disease, the hospitals run out of saline and cholera vaccines become non-available. The anti-social elements become active in spinning money at the cost of human tragedy. Saline and other life saving drugs pick up a habit of suddenly vanishing from the market.

Reportedly, sixty-three medical teams are working at Pirojpur and twentysix at Jhala kathi. It is also learnt that the civil surgeon of Pirojpur has requested the Sher-e-Bangla Medical College Hospital to send two special teams for Bhandaria and Mathbaria upazilas. While the concern and the initiative taken by authorities to arrest the spread of the disease should not go unappreciated, it is really unfortunate that the infectious diseases hospitals are all the year round overcrowded with patients with many more around waiting for admission. But the ways of infectious diseases are already known to modern medical science and the success of controlling them now chiefly depends on intensifying the preventive measures which mainly lies in supplying contamination-free water. If adequate and timely measures could be taken, no one would have needed to die of diarrhoea. But these measures mostly fall outside the pale or medical science and relate more to wide-ranging socio-economic and even cultural situations.

Now when the disease has already broken out, our public health organisations should mount blitzkreig-fashion action in order to contain its spread as soon as possible.

This should also be pointed out here that while at present many countries including the developed ones are making vigorous efforts to assess and report cholera statistics, we have a tendency for hiding cholera cases and trying to explain them away as shigellosis (blood dysentery), E. coli infection, Rota virus, strong diarrhoea, gastroenteritis, etc. Hiding cholera cases may even backfire, because most of our trading partners report cholera and they also know that the disease is prevalent in Bangladesh. So they are likely to feel more insecure and behave more irrationally if reports of cholera in Bangladesh come only from unofficial sources and the administration tries to conceal the fact. Instead of concealing facts, a National Central Programme for Diarrhoeal Diseases and the National Oral Rehydration Programmes may have positive effects in educating the populace about the disease and combating cholera outbreaks.

/12828
CSO: 5450/0105

BANGLADESH

CHOLERA, DYSENTERY DEATHS IN BARGUNA, BAGERHAT

Dhaka THE NEW NATION in English 27 Dec 86 p 2

[Text] At least 25 persons died and more than 200 attacked as cholera broke out in an epidemic form in the upazilas of Barguna district.

It is learnt that Barguna Sadar, Bamna and Betagi upazila are the worst affected.

It is gathered that within a week five persons died and 28 attacked by cholera in Sadar upazila, while eight others died and 90 attacked in Geramardan, Bashanda, Betagi, Keorabunis and Jilbunia under Betagi upazila within last three days.

The deceased included Jmdaul Huq, 15, Laizu Begum, 7, Elias, 4 Khadina, 6 Mini, 4, Irfat Bibi, 70. Tamizuddin, 60, Kohinur, 12, Anwar, 35, and Haidar, a one-year-old child.

Besides, 95 others have been attacked in the villages of Kalia, Taleshwar, Bara, Taleshwar. Some of the patients were admitted in Amuna Hospital.

When contacted, Health Department officials of Bamna upazila told this Correspondent that four medical teams have been working in the affected areas. They however, said that there was no saline injection in the hospital. Other necessary medicines are also not available there.

BAGERHAT

Our Bagerhat Correspondent adds: Bacillary dysentery, which has broken out in sporadic form in different places of Bagerhat district, claimed three lives and several other persons were attacked, it is learnt.

The victims are Sabet Ali, Hossain Ali, 55, and Bappy, a three month child of Bhatsala and Sultanpur villages, near Bagerhat.

When contacted, the Civil Surgeon of Bagerhat told this Correspondent that he had not yet received any death report. He, however, disclosed that dysentery had broken out in Morrelgonj upazila and effective measures had already been taken to combat the diseases.

/12828
CSO: 5450/0101

BRIEFS

DIARRHEA IN JHALAKATHI--The death toll from diarrhoeal diseases in four upazilas of the district has risen to 193 with 35 persons dying over the last four days and the number of attacks now stands at 1464, it is learnt from official sources here today. Of the four upazilas--Jhalakathi, Rajapur, Nalchiti and Kathalia-Rajapur is the worst affected having a death toll of 111 and about 900 cases of attacks. Twenty persons died of the dreaded disease and 159 others have been attacked during the last four days in Rajapur. Six persons and 57 persons have been attacked in the last 24 hours alone. In Kathalia upazila, 32 persons have so far died and 22 in Jhalakathi. The death toll in Nalchiti upazila is reported to be 28 so far. The number of diarrhoea patients being admitted to Jhalakathi modern hospital and upazila health complexes of the affected areas was rising with every passing day. Meanwhile, two mobile hospitals headed by two doctors of the ICDDRB have been operating in Rajapur and Nalchiti upazilas. Scarcity of pure drinking water has been reported from the affected areas. The Civil Surgeon's office here when contacted said that it had informed the higher authorities of the gravity of the situation and the need for effective steps to meet the situation. [Text] [Dhaka THE NEW NATION in English 19 Dec 85 pp 1, 8] /12828

CHOLERA SPREAD REPORTED--Cholera, which broke out in an epidemic form in some parts of Pirojpur district, claimed about 300 lives so far, according to reports received here from the affected areas. About 4000 persons have been attacked with the disease. About 100 patients are coming to the hospital every day from the affected areas of the district for treatment. The worst affected upazilas is Mathbaria where 68 persons died of cholera and 772 have been attacked. The other affected area is Pirojpur sadar where 53 died of the disease and 668 were attacked. The official death toll is 267 persons and 3697 persons have been attacked with the disease. Cholera broke out first in Bhandaria, Pirajpur, Banaripara, and Swarupkati. In Nazipur one person died and 23 have been attacked. The paucity of pure drinking water is stated to the main cause of breakout of cholera in the district. [Text] [Dhaka THE BANGLADESH OBSERVER in English 4 Jan 86 p 7] /12828

KACHUA DIARRHEA DEATHS--Atleast 25 persons died of diarrhoea and blood dysentery in Kachua Upazila during the last two months. It is reported that scarcity of saline and other anti-diarrhoeal drugs have been prevailing at the Kachua Health Complex. Moreover scarcity of pure drinking water has also been prevailing. [Text] [Dhaka THE BANGLADESH OBSERVER in English 24 Dec 85 p 7] /12828

GASTROENTERITIS IN BRAHMANBARIA--BRAHMANBARIA, Dec. 10--Gastroenteritis claimed 10 lives during the last one week in three upazilas of the district. About 200 more persons have been suffering from the disease, official sources said. The affected upazilas are Sarail, Nabinagar and Brahmanbaria Sadar. Scarcity of pure drinking water is stated to be the cause of the disease. The local Health Department has taken up vigorous measures to combat the disease. [Text] [Dhaka THE NEW NATION in English 12 Dec 85 p 2] /12828

RAJAPUR DIARRHEA EPIDEMIC--Diarrhoeal diseases have taken an epidemic form claiming over a hundred lives in Rajapur upazila alone. Many of the victims died without medical treatment due to a scarcity of doctors. The worst affected villages are: Angaria, Keotkhali and Saturia where many affected people are still fighting for life. Some dishonest traders are selling oral rehydration salt (CRS) packets at exhorbitant prices taking advantage of the situation. There had also been an acute scarcity of saline in the affected areas. The main cause of spread of the disease is access of a limited number of people to safe drinking water as the number of tubewells is very limited compared to the number of households, some local people told the Times. [Text] [Dhaka THE BANGLADESH TIMES in English 4 Jan 86 pp 1, 8] /12828

COMILLA DIARRHEA OUTBREAK--Diarrhoca has broken out in epidemic form in village Banasua in Comilla Sadar Upazila. One Sohel (7) died of the disease and another six have been attacked. One Robel (2) has been removed to Burich ang Rural Health Centre in a serious condition. Rapid spread of the disease in the area created panic and parents are reportedly sending their children else where. Anti epidemic measures are reportedly inadequate. [Text] [Dhaka THE BANGLADESH OBSERVER in English 7 Dec 85 p 15] /12828

CSO: 5450/0106

BELIZE

BRIEFS

MORE ON POLIO IMMUNIZATION--A nation-wide immunization campaign against Poliomylitis will begin in Belize next month and will run for seven weeks. During this time anti-polio drops will be administered to every child in the country between the ages of three months and five years. Even if the child has already received anti Polio drops, it will be helpful for him/her to receive the anti Polio drops again during the campaign. Some 18 per-cent of the Belize population are under 5 years of age. This translates into a target figure of some 28,000 children who must be reached during the seven weeks of the campaign. Several teams from the Public Health Service and voluntary and community services are getting ready for the vast crash programme which will take the teams into every village and farm settlement and town. The Ministry of Helath has asked for the co-operation of everyone in Belize to make sure that the anti-Polio measures reach every single child under 5 years of age. [Excerpts] [Belize City THE REPORTER in English 12 Jan 86 p 8] /13104

CSO: 5440/042

BERMUDA

BRIEFS

DEATHS FROM AIDS--The Department of Health yesterday reported one more person has died of AIDS, raising the Island's disease death toll to 18. The total number of Acquired Immune Deficiency Syndrome cases climbed to 28, according to the Department's figures to November 30. Chief Medical officer Dr John Cann last month said that AIDS had become epidemic on the island. But he limited that description to intravenous drug users and homosexual men. Yesterday's Health Department statistics showed that intravenous drug users accounted for 82 percent of AIDS cases, homosexuals 7 percent, and sexual partners of drug abusers 7 percent. Men have accounted for 79 percent of the AIDS cases. Blacks have accounted for 90 percent of the 28 reported cases and whites 10 percent. All local victims of the disease, which robs the body of its ability to fight infection, have been between the ages of 20 and 49. Just over 50 percent of those have been between 30 and 39, 36 percent between 20 and 29 and 14.3 percent between 40 and 49. /Text/ /Hamilton THE ROYAL GAZETTE in English 3 Jan 86 pp 1, 6/ /12851

CSO: 5440/045

BRAZIL

BRIEFS

OPTIONAL QUESTIONNAIRE ON AIDS--The Brazilian Health Ministry will distribute questionnaires on AIDS to the 20,000 foreign tourists expected to attend Carnival celebrations in Rio de Janeiro. The questions aim to find out, the tourists' degree of susceptibility to the illness and will be entirely noncompulsory. The AIDS information and prevention campaign will also consist of pamphlets, which will be distributed in schools, airports, and other public places, as well as television broadcasts. Brazil now has the third largest number of recorded AIDS cases in the world. [Summary] [Madrid EFE in Spanish 0502 GMT 28 Jan 86 PY] /9599

CSO: 5400/2034

BRUNEI

REPORT ON NATIONAL IMMUNIZATION PROGRAM

Kuala Lumpur NEW STRAITS TIMES in English 11, 13 Jan 86

[Two part article]

[Part I, 11 Jan 86 p 11]

[Text]

BANDAR SERI BEGAWAN: It was a normal working day in Brunei Darussalam but the Tutong health centre, 50 km northwest of here, remained closed.

The health nursing officer was not there. Neither were the nurses, midwives or amah. There were also no patients.

"Thursday is home-visiting day," explained Dr N.T.Arasu, medical officer of health of Tutong, one of the four administrative (and also health) districts of Brunei Darussalam.

Once a week, the nurses and midwives call at the homes of people who default on their appointments, usually for vaccination of children.

They find out why the people fail to turn up and explain to them the importance of keeping appointments with the centre.

Home visits can be regarded as the cornerstone of the success of the immunisation programme in Brunei Darussalam, tucked into 3,560 square km on the north-western coast of Borneo island and with a population of 215,943.

The results speak for themselves.

Even as international health authorities are rushing towards the 1990 target of universal immunisation against six deadly childhood diseases, this oil-rich sultanate has wiped out five of them and is fast closing the lid on the sixth.

Brunei Darussalam, which became an independent nation in 1984, has eradicated diphtheria, pertussis (whooping cough), tetanus, poliomyelitis and tuberculosis, and is in the thick of winning the war against measles.

The country's battle against diphtheria, pertussis and tetanus began way back in the early 50s. In 1956, the attack was also directed at tuberculosis, with the BCG vaccination.

A year later, the fight against these four diseases was organised as a national immunisation programme and was undertaken in all four districts — Brunei/Muara, Tutong, Kuala Belait/Seria and Temburong. Poliomyelitis was added to the list of target diseases in 1966 and measles in 1975.

"We have not had a single case of any of the five diseases (diphtheria, pertussus, tetanus, polio and tuberculosis) in the last five to eight years," said a senior health official.

Two deaths from measles were reported in 1984, however, prompting the health authorities to launch a campaign against the disease in March last year.

As of Nov. 20 last year, almost 85 per cent coverage had been achieved in the immunisation of children under five years against measles. The coverage for the other five diseases is between 88 and 96 per cent, way above the level health experts believe is sufficient to prevent epidemics.

These statistics, which health officers are proud to show, are an indicator as to the success of the national immunisation programme.

In Brunei Darussalam, the immunisation programme is integrated into the maternal and child health services which, officials say, is one reason for the high percentage of coverage.

The officials also attribute success to the high acceptance of immunisation by parents to protect their children against the six communicable diseases that kill more than three million children throughout the world each year and cripple hundreds of thousands more.

Mothers are increasingly made aware of the dangers of these diseases through radio and television, pamphlets, leaflets and posters.

But most important of all seems to be the personal touch, provided by a core of dedicated health personnel.

Health nursing officers and nurses provide individual counselling, hold group talks with mothers and make home visits to ensure coverage is high and the number of defaulters low.

Individual counselling and group discussions take place at all the six health centres, 26 clinics and 31 "travelling" clinics throughout the country.

A "travelling clinic" is situated in a remote area, normally accessible by road or river, and is visited monthly by a health team from the nearest health centre.

The clinic is either a permanent or temporary structure or even a house in a village rented out to the health personnel for use as a clinic.

Outreach areas not covered by the network of roads or rivers are served by a flying medical team which makes regular monthly visits.

The maternal and child health service has spread its wings far and wide, so much so that it can be said that a child is practically born onto a conveyor belt of immunisation.

At birth or within six weeks of birth, an infant is given a BCG vaccination against tuberculosis, coverage for which has surpassed 88 per cent.

At four months, the first dose of DPT (vaccine for diphtheria, pertussis and tetanus) and polio drops are administered. This is followed up with a second dose some four to six weeks later and a third dose four to six weeks after that.

Coverage for DPT for the three doses is 95.9 per cent, 92.9 per cent and 90.8 per cent and that for polio drops 94 per cent, 91.2 per cent and 90.2 per cent.

Inoculation against measles comes when the baby is nine months to one year old. Coverage is 87.7 per cent.

The school health service administers a booster dose of DPT and polio vaccine when the child is five years old and in its first year of school.

Defaulters

From 1986, this booster dose will be given by the maternal and child health service because it is felt that better coverage is achieved.

A booster dose of BCG is given when the child is in the second year of school and a year before he leaves secondary school.

After the BCG inoculation, administered at birth or when the infant is one month old, the maternal and child health clinics require mothers to keep to a schedule of appointments for the subsequent inoculations. A new appointment is fixed each time a mother turns up for one.

Of course, mothers do default on the appointments. However, officials say, the percentage of defaulters is small and usually never exceeds three in every 100 persons.

The constant contact that health personnel keep with mothers has been cited as a reason for the small percentage of defaulters.

In the urban areas, nurses have just to lift the telephone to reach the mothers. They make home visits in the rural areas and in Kampung Ayer, the water village on stilts at the mouth of the Brunei river.

In many rural areas, transport is provided to bring mother and child to the clinic and then back home.

Health authorities say the people of Brunei Darussalam are "health conscious". Sometimes the outpatient units are flooded with people whose illness may just be a cough or cold developed the previous day.

"They do not mind waiting long hours for treatment, even if it is for illnesses which do not even warrant a visit to the clinic," one official said.

Nevertheless, treatment is given, all at a cost of some eight per cent of the total annual Government budget.

In 1984, Brunei Darussalam allocated B$76 million (M$90 million) of the budget for health services. In addition, B$153 million (M$180 million) had been provided under the national development plan covering the five-year period from 1980.

These health-care facilities are free to all citizens and certain categories of expatriate Government employees.

It cannot be denied that facilities such as these have helped in part to reduce the infant mortality rate from 27 in 1,000 live births in 1975 to 12 in 1,000 in 1984.

The infant mortality rate is low considering that it remains high in much of the Asia-Pacific region.

Although the rate has been brought down to below 50 in countries such as Malaysia, South Korea, Sri Lanka, Thailand and Vietnam, it is between 50 and 100 in Burma, Indonesia, Papua New Guinea and the Philippines, and between 100 and 200 in Afghanistan, Bangladesh, India, Kampuchea, Laos and Pakistan.

It also cannot be denied that the same health facilities have raised life expectancy in Brunei Darussalam from 65 years in 1975 to 70.1 for men and 72.7 for women in 1984. — Bernama.

[Part II, 13 Jan 86 p 6]

[Text] BANDAR SERI BEGAWAN: A health worker once rang the principal pharmaceutical chemist of Brunei Darussalam and asked what should be done with vaccines left outside a refrigerator for some time.

"Throw them away" was the advice Datin Siti Hajai Yusof gave him.

She related this incident to emphasise the need for the training of health workers handling vaccines in Brunei Darussalam, the tiny oil-rich Sultanate in Borneo Island that boasts successful immunisation against six deadly childhood diseases.

At present, the evidence of the potency of vaccines is seen from

the absence of cases of the diseases — diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, tuberculosis and measles — against which immunisation is given.

Datin Siti Hajai said she was considering getting a consultant from the World Health Organisation (WHO) or the United Nations Children's Fund (Unicef) to conduct courses for these workers.

Apart from knowing the correct vaccine handling procedures, the workers could also learn that vaccines must stay cold all the way from the manufacturer to the child.

The equipment and the people involved in keeping vaccines cold from the manufacturer to the child are together called the cold chain.

Vaccines are made from micro-organisms similar to the ones that cause disease but they are changed so that they cannot harm people.

They are made from killed micro-organisms, live micro-organisms that are weakened, and toxins (poisons) that bacteria produce. The last form of vaccines are referred to as toxoids.

Reduce expenditure

Heat and sunlight damage vaccines produced from the live micro-organisms while freezing damages the "killed" vaccines and toxoids. Disinfectants and antiseptics, including spirit and detergents, also kill vaccines.

Training will enable people like the health worker who rang Datin Siti Hajai to know that the correct temperature for storing vaccines is between zero degrees Celsius and eight degrees Celsius.

Of course, the training of health workers will cost money. Furthermore, the growing consciousness among the 215,943 people of Brunei Darussalam is pushing up the cost of health.

The Government hopes community participation and the responsibility of the people for their own health will help reduce expenditure.

Health authorities are emphasising community health care in what is seen as the beginning of a shift towards participation of the people in health projects.

"It is difficult to change anything overnight but we must start somewhere," a senior health officer said.

Indeed, a start has been made. In the village of Bukit Beruang, some 60 km northwest of Bandar Seri Begawan, the 200 villagers have put up a "clinic".

"We provided all the materials but the work was done by the villagers on a self-help basis," said Dr N.T. Arasu, medical officer of health of Tutong district in which the village is located.

The "clinic" is sort of multipurpose in that the villagers can use it as a community hall to hold social gatherings and meetings.

Brunei Darussalam's health policy reflects the country's commitment to the concept of primary health care in attaining "health for all".

Powdered milk

Officials believe the acceptance of responsibility in health matters by the people would enable the authorities to convince mothers to breastfeed their babies, at least for the first six months of the infants' lives.

Breastfeeding is one of the four simple and inexpensive techniques suggested by Unicef that can reduce infant mortality and help in the proper growth of children.

Most mothers in Brunei Darussalam are working women and can only breastfeed their babies for up to three months at the most. To a certain extent, they are also influenced by advertisements of powdered milk.

Growth monitoring charts, one of the Unicef-suggested techniques, is in use in clinics.

Although diarrhoea contributes partly to infant mortality, mothers are not known to administer sugar-and-salt solutions to prevent loss of body fluids.

"Once we are informed of any case, we provide the sugar-and-salt solutions," said a health nursing officer of the maternal and child health clinic in Bandar Seri Begawan.

Nevertheless, there is a need to educate the people on primary health care.

Health officials say the people must be shaken out of their "pampered" state and taught to be responsible for their own health.

It is in the area of public health education that the officials say they welcome assistance, possibly from international agencies such as Unicef.

"We require teaching aids, especially to make mothers realise the importance of primary health care," says Dr Arasu. He believes it can be done though gradually.

"The rate of literacy is quite high (about 85 per cent) and educating the people will not be difficult," he says.

The training of health workers and education of the public are expected to improve the health care services of Brunei Darussalam which is considering including mumps and rubella in the national immunisation programme this year. — Bernama

/9274
CSO: 5400/4349

BULGARIA

PREVENTIVE CAMPAIGN AGAINST AIDS UNDER WAY

Sofia SOFIA NEWS in English 15 Jan 86 p 5

[Article by Ralitsa Abrasheva]

[Text]

"I can declare in the most responsible way that no case of AIDS has so far been recorded in this country", declared at the end of 1985 before SN Prof. Bogdan Petrounov, M.D., deputy director for research at the Institute of Infectious and Parasitic Diseases with the Medical Academy in Sofia. "The avalanche like spread of the disease throughout the world and its transformation into a huge medical and social problem, however, raises most serious tasks for us. Bulgaria cannot but take organized, centralized measures against the Acquired Immune Deficiency Syndrome which, it looks, will become the real disease of the century."

This stand of the medical community seems to be at variance with the fact, for instance, that in Bulgaria there are no calls for "safe sex" between homosexuals, that the idea has not occurred to anyone to propose disposable needles to drug addicts, and that no charity campaigns have been organized to assist the victims of the syndrome. Actually, there is no contradiction. Reliable data indicate that homosexual aberrations are rare; nor is drug addiction a social problem in Bulgaria (at the end of 1985, some 600 drug addicts had been registered in Bulgaria from a population of nearly 9 million). The two basic carriers of the infection in practice therefore, recede to the background. "The most threatened contingent in this country are haemophiliacs, kidney patients on haemodialysis, and those suffering from tumours, in whom in general the immunity defence has been lowered," explains Prof. Petrounov. "The principal path along which AIDS could spread in Bulgaria, therefore, is blood transfusion. That is why we are putting the main emphasis on strict control on donor blood. In this respect we are favoured by the centralized, state nature of health care in the country: each blood bank is controlled by the National Blood Transfusion Centre and its units. It is very difficult, of course, to set up such a system among innumerable private clinics and privately working physicians, irrespective of their great material possibilities. It was again the state organization of health care that made it possible, on the initiative of the Ministry of National Health and the Government, to work out a comprehensive programme of measures against AIDS. A group of top specialists has been entrusted with the task of organizing and guiding the introduction of modern methods for the early detection of the disease and the asymptomatic forms of the infection. The clinical centres for the admission and treatment of suspected cases of AIDS—naturally under strict isolation and control—have been determined. A special centre for virus diagnosis has been set up. A series of diagnostic tests for those predisposed to AIDS has been elaborated, since it is known that there are people with disturbed immune reactivity, who are more susceptible to the infection.

"At the moment we could not do anything more than place the contingents of increased hazard under control and to notify them of the possibility to fall more easily under the action of HTLV – the virus agent of the disease.

In the opinion of the organizers of the preventive campaign against AIDS in this country, what has been done so far puts it in a comparatively good position. Taking into consideration, however, the health and social danger stemming from the disease virtually for the whole of mankind, nobody can afford self complacency.

/13104
CSO: 2020/82

CANADA

VIRUS OUTBREAKS IN ONTARIO INSTITUTIONS, STUDY DISCUSSED

St Joseph's Hospital Cases

Toronto THE TORONTO STAR in English 21 Jan 86 p A6

[Text]

Things were back to normal at St. Joseph's Health Centre yesterday as it opened to the public for the first time in two weeks after being closed due to an outbreak of the Norwalk virus.

St. Joseph's has not taken admissions since Jan. 6, and there are about 100 empty beds in the 831-bed facility, hospital spokesman Margaret Frewin said.

Between Dec. 26 and Jan. 19, 373 cases of vomiting, cramps and diarrhea — all symptoms of the Norwalk virus — were reported among patients and staff at the hospital, Metro's third largest.

Etobicoke General Hospital

Toronto THE GLOBE AND MAIL in English 24 Jan 86 p A3

[Article by Sean Fine]

[Text]

Etobicoke General Hospital is taking precautions to prevent the spread of an unidentified virus that produces symptoms similar to those of the Norwalk virus, hospital administrator Aird Worsley said yesterday.

Since November, symptoms of the Norwalk virus, a flu-like illness that causes vomiting and diarrhea, have been reported in more than 1,000 patients and staff at Wellesley and Mount Sinai hospitals, St. Joseph's Health Centre and several Metro Toronto nursing homes.

St. Joseph's stopped admitting new patients and closed its emergency department for two weeks earlier this month because of the outbreak.

As of 10 a.m. Wednesday, 14 staff members and 19 patients at Etobicoke General were experiencing mild diarrhea, Mr. Worsley said. Since Jan. 5, 94 hospital employees have reported symptoms and have been asked by the hospital to stay home for 72 hours after the diarrhea stops.

Though laboratory tests have not revealed the cause of the outbreak, "it could easily be the Norwalk virus," Mr. Worsley said.

To monitor the situation, the hospital has set up a team that includes Etobicoke's medical officer of health. It has also sent nursing

students from Humber College home for the week and has stopped admitting new patients to the seventh floor, where it is trying to confine the virus through isolation procedures. These include requiring staff and visitors to wear hospital gowns while seeing patients and to wash their hands afterward.

"We have not experienced the explosion from 10 to 50 to 200 coming down with it like other hospitals, and that is because we've been doing what we've been doing," Mr. Worsley said.

The symptoms are not considered severe enough to threaten lives or postpone important surgery, he said.

Clarke Psychiatry Institute

Toronto THE TORONTO STAR in English 27 Jan 86 p A1

[Text]

The highly contagious flu-like virus that has swept through three Toronto hospitals since November is suspected to have struck at the Clarke Institute of Psychiatry.

The 135-bed hospital closed its doors to new patients last night, after 20 people were diagnosed with an illness whose symptons include vomiting, abdominal cramps and diarrhea.

Hospital spokesman Jennifer Fleming said the hospital is now awaiting results of tests to determine whether the illness is caused by the Norwalk virus, a flu-like virus that hit Mount Sinai and Wellesley hospitals in November and the St. Joseph's Health Centre earlier this month.

The virus, named after the Ohio town where it was discovered in 1968, is said to be so contagious it can spread without direct bodily contact. So far, neither the source nor the method of transmission has been determined.

Health Ministry Study

Toronto THE GLOBE AND MAIL in English 28 Jan 86 p A9

[Article by Caitlin Kelly]

[Text]

Brief but miserable bouts of vomiting and diarrhea among more than 1,000 institutional patients in Toronto since November have prompted a provincial study into its cause and control.

Across the province, 43 health units that report to the Ministry of Health will be asked to gather information from nursing homes, hospitals and other institutions that have had sudden outbreaks of the Norwalk virus and others that produce similar symptoms.

/9274
CSO: 5420/49

CANADA

MEASLES IMMUNIZATION PROGRAM LAUNCHED IN BRITISH COLUMBIA

Vancouver THE SUN in English 13 Jan 86 p B8

[Article by Anne Mullens]

[Text]

B.C. health ministry officials say an immunization program aimed at halting the spread of an outbreak of red measles in Lower Mainland schools will be focused only on unprotected children who have had close contact with measles sufferers.

"We don't want people to get the impression that we are going to re-immunize everyone," health ministry spokesman Ian Smith said following an announcement last week that medical health officers in the province will receive an extra 30,000 doses of measles vaccine at a cost of $200,000 to protect children from the outbreak.

"It will only take place in schools where measles has been shown to be established and then we will focus on the close contacts of a child with measles. If a student in close contact — such as a classmate, friend, someone in another group contact such as a team or club — is found to be without adequate immunization, they will be immunized."

Smith said the vaccination, called an MMR vaccine because it protects against measles, mumps and rubella, is ideally given to children one to two years of age.

"That is the time when children are most susceptible to the more serious complications of the virus."

Serious complication of the virus, which causes fever, rash and general malaise, include brain infection, respiratory problems and death.

Smith said the ministry hopes to immunize 95 per cent of each age group to achieve a so-called "herd immunity" that effectively wipes out the disease in that age group.

"So far we have been able to achieve 95 per cent by Grade 1," he said.

"In order of priority we will be continuing our regular program focusing on children in the second year of life to Grade 1, then going to the unimmunized in elementary schools, then to the secondary schools and lastly to the unimmunized child care worker."

Smith said there were 1,748 measles cases in 1985 up to Dec. 21 while in all of 1984 there were 1,097. The number of cases from Dec. 21 until now has not been compiled, he said.

"It is unusual in that we have had two bad years in a row. It usually strikes in a cyclical fashion every five years or so."

Smith said the present epidemic began in the Skeena area in 1984 and has made B.C. the province hardest hit by the virus. Manitoba has also recently had a significant outbreak of measles.

/9274
CSO: 5420/49

CANADA

AIDS INCIDENCE, COUNTERMEASURES REPORTED

Vancouver Island Inmate

Toronto THE TORONTO STAR in English 16 Jan 86 p A16

[Text] VICTORIA (CP) — The warden at the Vancouver Island Regional Correctional Centre has confirmed a prisoner with AIDS is being held at the institution.

John Gillingham said yesterday prison officials have a policy on dealing with such cases and are taking the necessary precautions.

However, guards in the area where the prisoner is being held are refusing to man their posts, so management personnel are filling in.

Inmate spokesman John Wise said prisoners want the AIDS victim out of the institution. He said kitchen staff are refusing to handle dishes used by the man.

Ontario Psychiatric Hospital Patient

Toronto THE SATURDAY STAR in English 18 Jan 86 p A15

[Text]

ST. THOMAS, Ont. (CP) — Several workers at the St. Thomas psychiatric hospital have had their requests granted to be transferred to another ward after learning that one of their patients may have AIDS.

Vancouver Clinic Test Results

Toronto THE TORONTO STAR in English 20 Jan 86 p A11

[Text]

VANCOUVER (CP) — In its first three months of operation, the provincial AIDS clinic in Vancouver has told 270 patients they have the deadly virus. Seven in 100 of those are expected to develop the disease — usually fatal in two or three years. All 1,500 patients tested were in "high-risk" categories. These include homosexual or bisexual men, intravenous drug users,

Toronto Hospice Project

Toronto THE GLOVE AND MAIL in English 22 Jan 86 pp A1, A2

[Article by Margaret Polanyi]

[Text]

A home for people dying of AIDS will be established in Toronto, the first of its kind in North America.

The hospice, complete with medical services, is to be a residence for patients in the final stages of acquired immune deficiency syndrome.

Launched by local citizens working with the AIDS Committee of Toronto, the project is intended to give AIDS victims an alternative to hospital care. As well as meeting a desperate need in the community, it will also save Ontario taxpayers tens of thousands of dollars annually in health care costs, organizers say.

The 10-bed home will be in downtown Toronto close to major hospitals, writer June Callwood, chairman of the Hospice Steering Committee, told a press conference yesterday.

It will be open to AIDS victims whose families cannot care for them or who cannot afford to live at home and pay for medical support services. Hospices are residential facilities outside hospitals that address the social and psychological, as well as the physical, needs of the dying.

The committee wants the Ontario Government to pay the estimated annual operating cost of $500,000, and plans to raise $750,000 from the public to cover capital costs.

Darwin Kealey, assistant deputy minister for community health, said in an interview last week that a hospice "would be a good addition" to existing facilities. He said the province "may be inclined to contribute part of the operating costs" when it has received a projected budget.

The organizers, who plan to open the home in the fall, want it affiliated with a downtown teaching hospital. Although it will mainly serve AIDS victims in Toronto, it will be open to anyone in Canada, Ms Callwood said. When a cure for AIDS is found, it will be available to other terminally ill patients, she said.

There had been 447 reported cases of AIDS in Canada at the start of this week; 237 of the victims are alive. The syndrome, which destroys the body's defence system, is acquired through the exchange of semen and blood.

Dr. Dorothy Ley, president of the Palliative Care Foundation, praised the project yesterday as a step toward better care for the dying in Canada.

"AIDS is a very dramatic example of how badly we care for dying people in our society," she said. "There are very few palliative care programs in this country; there are very few services for people who are dying.

"We're struggling with a health care system that is acute-care oriented, and the impact of the AIDS people on it is going to sink the ship unless we develop a planned program of terminal care for the dying patients with AIDS."

She said it is estimated that by 1990 40 per cent of the acute-care beds in major urban centres will be occupied by people dying of AIDS.

In San Francisco, which has a hospice program for AIDS victims — although it does not provide full medical care — 90 per cent of AIDS deaths occur outside hospitals, she said. In Canada, the situation is the reverse.

Dr. Robert Buckingham, a U.S. professor who has set up hospices in the United States, said yesterday the programs provide inexpensive and better care for the dying. He is working as a consultant with the Toronto hospice committee.

Dr. Mary Fanning, head of the AIDS clinic at Toronto General Hospital, said yesterday that even professionals at an acute-care hospital have trouble coping with the special needs of dying patients, many of whom are ostracized by family and friends.

/9274
CSO: 5420/48

BRIEFS

MALARIA IN BORDER AREAS--Georgetown, 23 Jan (CANA)--The Ministry of Health in Guyana has confirmed the outbreak of malaria in hinterland territory and on the borders with Brazil and Venezuela. Principal medical officer Dr Edgar London said difficult terrain in the hinterland is proving a major constraint for health officers as they travel to the forested gold and diamond mining areas to carry out investigation and provide treatment as the need arises. No information was released on the number of people treated for the disease. Late last year representatives of Guyana, Brazil and Venezuela met to discuss a malaria eradication programme. Since then, joint border medical posts were established to deal with cases. [Text] [Bridgetown CANA in English 1723 GMT 23 Jan 86 FL] /9274

CSO: 5440/041

DOCTOR REPORTS APPEARANCE OF HERPES IN DELHI

New Delhi PATRIOT in English 3 Jan 86 p 1

[Article by Patralekha Chatterjee]

[Text] Herpes, the dreaded sexually transmitted disease which has affected some 30 million persons in the United States, has begun to surface among the "smart set" in Delhi.

Dr A K Rizvi, an eminent dermatologist who also specialises in venereology (treatment of veneral diseases) told Patriot that in recent months, on an average, two to three cases of Herpes had come to his notice every week.

The victims are often teenaged boys and girls who admit to have had "casual sexual encounters" with foreign tourists. With the onset of winter, the incidence of the disease has upped, says Dr Rizvi, because the Herpes virus gets particularly activated in low temperature. (The other activator of the virus is stress).

Most of the Indians who have reported the disease, which in males manifests itself initially as a cluster of boils and in females as white discharges, picked up the virus from relationships struck at Janpath, some case histories have revealed. A casual meeting, a coffee date, lead to situations where the victims suddenly realise that they have been affected.

According to Dr Rizvi, Herpes is particularly dangerous for women as it predisposes to cancer of the cervix. What makes matters worse, says the doctor, is the tendency among women to assume that the discharge is quite a "normal affair". Very often, when the discharges get excessive, the victims go to gynaecologists, some of whom knowing little about Herpes symptoms, dismiss it as "nothing to be alarmed by".

Far Eastern Gonorrhea: According to the noted venereologist, another sexually transmitted disease which has begun to rear its head in the Capital is gonorrhea of the 'Far Eastern' strain--a type not prevalent in India till a year or so.

Quite a number of (Far Eastern) gonorrhea cases have come to Dr Rizvi's notice in recent times and the greatest problem in treating the victims is that 'Spectynomycin'--the medicine prescribed is not available in India.

The disease, rampant in Bangkok, Singapore, Manila and Hong Kong has been brought into the Capital through persons on their way back from a 'holiday' in these places. The victims admit to have had casual sex with total strangers in these cities which are acquiring notoriety as 'centres of veneral diseases'.

The incubation period for gonorrhea (Far Eastern) being five days, the affected seldom realise that they have imbibed the virus while on their package holidays. It is only on return to India when the painful symptoms started appearing that they get wise. That the virus was not ordinary gonorrhea became known, when the affected failed to respond to penicillin and sulphur drugs--the normal treatment for gonorrhea.

The actual incidence of these new sexually transmitted diseases in the city is hard to estimate, say venereologists, because large numbers among those who are affected prefer to go to quacks posing as 'VD specialists'.

/9274
CSO: 5450/0108

JAMAICA

BRIEFS

IMMUNIZATION PROGRAM--Kingston, Jan 15 (JAMPRESS)--The third phase of the Kingston and St Andrew Health Department's special immunization programme which started on January 9 continues in 21 centres across the Corporate Area. The Bureau of Health Education in the Ministry of Health has said that the immunization programme will run until the end of January. This programme is intended for babies three months to one year old who have not yet received the complete series of three immunization shots for whooping cough, diphtheria, tetanus, polio-myelitis and measles. In an effort to reach as many babies as possible, special outreach posts have been established to assist in conducting the programme, the Bureau has said. The health department has also reminded parents and guardians that immunization against the diseases mentioned is now a requirement for school entrance and overseas travel. /Excerpts/ /Kingston THE DAILY GLEANER in English 18 Jan 86 p 22/ /12851

CSO: 5440/046

LAOS

ANTI-MALARIA EFFORTS DESCRIBED

Campaign Against Malaria

Vientiane PASASON in Lao 27 Nov 85 p 2

[Text] From the time the entire country was liberated, the party and the state have considered the antimalaria effort to be one of the most important and urgent tasks because under the new regime, there is concern for the well-being of all ethnic groups. They have taken measures to set up a Malaria Institute to represent and guide the Ministry of Public Health in dealing with malaria. The institute is to follow up and coordinate all efforts to prevent and treat malaria throughout the country by referring persons to provincial malaria stations and other district malaria treatment clinics.

Based on the circumstances in Laos and the experience of other countries, the antimalaria effort in the country cannot initially aim to suppress malaria completely, only to reduce the number of sick people and deaths caused by it. That is the first step in eventually suppressing it completely. To reach that goal, the Malaria Institute has been trying to eradicate anopheles mosquitoes in the environment and the malaria parasite in human carriers.

Eradication of anopheles mosquitoes has been undertaken by spraying DDT in two ways, namely intermittent spraying and planned, regular spraying. The mosquitoes and human blood have been tested for the malaria parasite before and after each spraying, such as in Champassak Province, in three districts in Savannakhet Province (Mouang Phin, Sepone, and Xamouay Districts,) and around Vientiane Municipality (up to 1984).

Occasional spraying has been done, depending on the health of the people, in some districts of Luang Prabang, Sayaburi, Khammouane, and Vientiane Provinces (since 1984) and also in some offices.

Eradicating mosquitoes in the environment as well as encouraging people to eradicate them, killing mosquito larvae, and preventing mosquito bites in many ways, including sleeping under mosquito nets, are considered to be matters of life or death.

People sick with malaria are treated with pills or injections. Treatment has differed from area to area, depending upon the stage of the illness and the

medicine used to suppress malaria. In Laos, those medicines have been distributed first to children, pregnant women, babies, different ethnic groups, armed forces personnel, and workers who live or work in swampy areas. In addition, they have been directed at preventing malaria and treating persons in actual or potential epidemics in various malaria-prone localities, such as Champassak Province, three districts in Savannakhet Province Phin, Sepone, and Xamouay Districts), around Vientiane Province, and in Vientiane Municipality. The distribution of medicine for killing malaria parasites has been undertaken in tandem with DDT spraying in order simultaneously to kill malaria-carrying mosquitoes in the environment and to eradicate malaria parasites in human blood.

The Malaria Institute has promoted the establishment of malaria laboratory units in villages, communes, cooperatives, and overpopulated areas since 1984 in order to implement the directive of the party and state at the grass-roots, to regularize the distribution of malaria parasite killer medicine, and to ensure prompt service. This has been done to develop and alert remote rural areas and the grass-roots to be self-reliant in taking care of laboratory personnel. There is a day of training for building the laboratory station, which can be converted into a medical clinic or hospital.

At present, construction of malaria laboratories in grass-roots areas has been completed at many sites, such as in Na Nam, Don Hom, Houay Nam Yen, Na Xam Phon Keo, and Nong Khone Cantons, Vientiane Province, Nam Cantor of Xieng Khouang Province, at Forestry Company 1 of Borikhamsai Province, at Waterworks Division 78, at the Mine Research Center in Phon Teow in Khammouane Province, at the Route 9 Construction Unit in Savannakhet Province, and in 17 cantons along the border of Champassak Province.

Along with this, antimalaria efforts have been presented to high officials. The institute has paid a lot of attention to scientific research and has set up a special research center in Keo Oudom District (Vientiane Province) and also built up the district as a model for scientific antimalaria research efforts. The state's and the party's policies emphasize the special interest taken in good antimalaria research which has been compiled in Lao native medicine manuals. For example: The Phlogacanthus Curviflorus Nees Medicinal Plant, which is clearly a good remedy for malaria and also used to relieve the fever. (This has been tested at the treatment center of Vientiane Municipality Hospital.)

Over the past decade, antimalaria efforts have been productive and positive and have produced precious lessons. Various antimalaria efforts have been increasingly widespread around the country. Half a million people have been protected from malaria by DDT spraying. (The number of people with malaria treated was recorded at exactly 633,279 in 1982.) The estimated number of people ill with malaria in the country is between 9 and 20 percent, which is a reduction of 60 percent. At the same time, personnel from the Malaria Institute sent to different provinces have found out that the number of malaria parasite has been reduced by 85 percent in the Champassak Province areas selected for testing. The number of parasites has been reduced by 100 percent in Ban Dan Savan and Ban Houay Kong, two villages in Keo Oudom District.

All this has been good for the health of the people, which is shown by the reduced number of people who have become ill and have died from malaria over the years. For example, at this time in the two villages of Ban Dan Savan and Ban Houay Khong there were no deaths from malaria. This is different from 1983, when two or three persons per year died of malaria, especially children. Anti-malaria efforts have also made important contributions to the gradual fight against superstitions engraved in the minds of the people of various ethnic groups.

Champassak Treatment

Vientiane PASASON in Lao 27 Sep 85 p 2

[Excerpt] Recently, the writer had an opportunity to visit Phone Thong District, Champassak Province, to observe the work of its district public health section. Comrade Thongsa, the head of the district public health section during the first 6 months of 1985, reported that its medical staff has tested the blood of 4,182 persons for malaria, that 198 received medicine for preventing malaria, and that 297 have received medicine for killing the malaria parasite. DDT has been sprayed in 11 villages with 6,363 houses.

Vientiane Hospital Work

Vientiane PASASON in Lao 26 Oct 85 p 2

[Excerpts] There is a total of 61 hospitals in Vientiane, including 9 district and 51 canton hospitals and 1 leprosy hospital; a total of 516 beds, including 345 beds for district, 165 for canton, and 6 for leprosy hospitals; and a total of 596 high-, middle-, and low-level medical staff members. Each hospital is under the Vientiane Province Public Health Section. They all take good care of patients by using native medicines in combination with modern medicines. The public health network is growing. A total of 24,662 people of all ethnic groups, ranging in age from 1 day to 45 years, has received cholera, malaria, diptheria, tetanus, whooping cough, polio, measels, and tuberculosis shots. Ten model villages have been built, 3 Red Cross units, 22,060 persons have been tested for malaria, and 151,000 tablets of chloroquinine have been distributed.

Vientiane Outbreak, Suppression

Vientiane KHAO SAN PATHET LAO in Lao 8 Nov 85 pp A6, 7

[Text] In September and October, the district public health section of Sanakham, a district in Vientiane Province, set up a mobile medical clinic to go to grass-roots areas to conduct physical checkups and to treat people who were sick primarily with malaria and cholera in basic production areas in eight cantons of the district in order to improve production.

A representative of the Sanakham Public Health Section reports that there have been a lot of cholera cases in Vang Khi and Kok Khao Do Cantons, the remote rural areas, and along the Mekong River. Our medical staffs have successfully treated the disease in those areas. Blood tests have been taken to check for malaria and recovery has been fairly high. Very sick people have been

hospitalized promptly. Cholera is under control. People, particularly in Pak Pheng Canton, have been educated in the three basic principles of hygiene.

The representative informed the writer that the medical staff of this district hospital honor highly the work of curing sick people around the clock. An average of 30 persons a day are checked. In addition, they constantly encourage the people in the various basic production areas to take care of their health. These medical staffers are working hard to score achievements to commerate the 10th National Day anniversary on 2 November and the upcoming First General Congress of the Party Committee of Vientiane.

Types of Mosquitoes

Vientiane KHAOSAN PATHET LAO in Lao 8 Nov 85 pp A6, 7

[Excerpt] Antidisease and antimalaria efforts started in the middle of October in Hom District, Vientiane Province, which is considered to be a high-risk area for catching malaria. Cadres of the Malaria and Parasite Institute of the Ministry of Public Health have been working successfully in the 3 cantons of Phou Houat, Na Kha, and Pha La Wek, which have a total of 22 villages.

They have checked the blood of villagers for the malaria parasite, checked the villagers for swollen glands, and distributed medicine to 3,172 people. Medical staff members searched for mosquitoes that carry malaria by sitting out at night and in the morning to lure the mosquitoes. They caught 157 mosquitoes, 133 of which were malaria carriers.

Xieng Khouang Incidence

Vientiane KHAOSAN PATHET LAO in Lao 1 Nov 85 p A4

[Excerpt] The antimalaria efforts of the malaria station in Nong Hed, Xieng Khang Province, have been basically successful up to the present since they went into operation in June 1985.

The malaria station has given lectures about malaria 5 times. Five hundred and sixty people have attended, 115 have been checked for malaria, and 981 have had blood tests. One hundred and sixty-six people were found to have malaria and 66 had swollen glands.

Mong District Operations

Vientiane KHAOSAN PATHET LAO in Lao 30 Sep 85 pp A8, 9

[Excerpt] A malaria research center in Na Kha Canton, Hom District, Vientiane Province, has been built and completed. On the morning of 29 September, the Malaria Institute of the Ministry of Public Health brought a microscope along with scientific equipment and medical supplies to the research center.

Professor Vannaret Lachapho, deputy minister of public health, and Mr Thongdam Manivanh, chairman of the Vientiane administration, officials in charge of the

provincial and district public health sections, and many local officials attended the dedication ceremony for the microscope.

A report by the person in charge of the malaria research center of Na Kha Canton pointed out that the center was built and finished with the hard work and materials of the people. The provincial malaria institute and the central government have closely guided and assisted the center, primarily in training five cadres to use microscopes. They then gave the center microscopes and complete research equipment.

This success has contributed importantly to solving the health problems of the working class in the mountainous areas and to making them healthy. On the other hand, it has increased the people's trust in the policies of the party and the state and in scientific technology, and it has reduced superstitious beliefs.

This first malaria research center in Hom District is the fifth of its kind constructed in 1985 in Vientiane Province.

12597/12790
CSO: 5400/4334

LAOS

DENGUE FEVER OUTBREAK, SUPPRESSION DESCRIBED

Impact Viewed

Vientiane VIENTIANE MAI in Lao 13 Nov 85 p 2

/Article by Chantha Vannachit: "Dengue Fever Suppressed at the Grassroots"/

/Excerpt/ The Public Health Section of Xaisettha District, Vientiane Municipality, has agreed unanimously to hospitalize patients under its care promptly as required by the circumstances. This is in line with the directions of high officials and the project to suppress dengue fever, which is epidemic among young children. Sick people are being welcomed for regular daily checkups with the slogan "our top priority is treatment, the next important task is to prevent disease." The Public Health Section of Xaisettha District has laid out a detailed plan for successfully treating patients. There are 4 comrades in charge of the project, with a total of 17 medical cadres, 4 middle-level medical staffers, 10 primary-care staffers, 2 pharmacists, and 1 administrator. The Vientiane Public Health Section and the Ministry of Public Health are also involved in this project and have sent 13 /as published/ comrades, of whom 2 are high-level and 3 middle-level staffers, 2 nurses aides, analyst, and 8 first-aid staff members.

They have worked successfully in many areas for 1 month and 9 days, from 19 September 1985 to 27 October 1985, during the antidengue fever drive under the direct guidance of the central government as well as the Ministry of Public Health and Vientiane Municipality. Ninety-nine patients have been hospitalized, of whom 43 are females. Patients have been grouped by age: 13 are under 1 years old; 16, 2-6 years old; 7-15 years old; and 40, 16 years and older.

Patients have been hospitalized on the average for 5 days, with an average of five patients per bed. Fifty-three hospitalized patients have had malaria; 21, respiratory infections; 6, dengue fever; 16, gland infections; 4, diarrhea; and 2, stomach ulcers. Two have suffered from malnutrition, one from congenital heart disease, one from kidney infection, two from spleen infection, and one from bloating. Eight hundred fifty-three outpatients and emergency cases have been checked, with 75 given blood tests; 63 have been checked for dengue fever, with 11 cases discovered and 10 anemia cases--3 with a blood cell count of fewer than 200,000 and 7 with a blood cell count of more than 200,000. Fourteen blood types were found.

Pharmacy

There have been 4 shipments of medicine and medical equipment from Vientiane Municipality Public Health Section; 1,183 prescriptions have been dispensed, including 705 for tablets and 478 for injections. There have been 954 prescriptions for outpatients, including 595 for tablets and 259 for injections. Patients have been transferred to other medical facilities 16 times.

To perform this task successfully and in accordance with the agreement between the Vientiane Municipality Public Health Section and Vientiane General Hospital, the Vientiane Municipality Public Health Section contributed 10 beds, 10 mosquito nets, 18 mats, 9 stretchers, 20 glasses, 25 spoons, 2 ladders, 10 small soup bowls, 10 large soup bowls, 20 plates, 20 earthen bowls, and 2 soup pots. Along with that, the Xaisettha party administration has always expressed its concern about the lives and wellbeing of cadres, state employees, soldiers, plicemen, and the working class within the district who are hospitalized in this hospital. It has also encouraged persons and mass organizations at different levels and offices to help this hospital. Seven beds, 18 straw mats, 29 pillows, 6 blankets, 6 sheets, 3 kg of sugar, and 2 kg of coffee were given by the central government to the Xaisettha Public Health Section, which in turn has properly given this charity to hospitalized cadres and to other patients. In addition to atending to the difficulties of patients in this hospital, the party committee of the Xaisettha District party administration also allocated a budget for building one additional bathroom with the three existing ones and one cooking area.

For more than a month, there have been a lot of sick people in this hospital from the nearby cantons, especially in Ban Dung Canton in Zone 3, namely, Ban Chomsy, Ban Na No, and Ban Na Hai, where the worst dengue fever epidemics have seen.

One month of experience has shown the determination of medical cadres to provide close care for patients. All the care has been organized and planned in detail, with solid coordination and unity in every area among the medical staffs of the District Public Health Section and those who have come to help. Reports have been made and lessons drawn at each step, so that timely solutions can be found on any issue. These cadres have been closely and regularly assisted and directed by Vientiane General Hospital and the Vientiane Municipality Public Health Section in skills and other areas. The Xaisettha District party committee and the district administration have closely assisted and successfully helped the hospital with its difficulties.

Further Report on Suppression

Vientiane VIENTIANE MAI in Lao 18 Nov 85 pp 1, 4

/Text/ There has been an epidemic of dengue fever, which comes from mosquitoes, in Vientiane since April 1985. Every day, more people suffered from dengue fever. The worst period was in August to mid-September. A lot of dengue fever patients have been hospitalized.

High-level officials, the Ministry of Public Health, and Vientiane General Hospital organized a committee to be in charge of treatment and prevention of this disease in September. 1985. The committee is divided into 2 sections, medical and administrative, with 200 workers, 51 medical staffers, and 10 medical students. They have taken charge in many areas: supplies, research, a quartermaster's department, around-the-clock treatment, blood-testing services, a pharmacy, an x-ray section, and prompt follow-up and checks of patients. A lot of work has been done to ensure successful treatment.

Every medical person has the duty to ensure proper treatment and the condition of the patients is under control. Every doctor has worked around the clock to cure and prevent dengue fever during the last 2 months. They have put in 12,000 manhours of work. Seven-hundred patients have been checked for the virus and medicines have been dispensed. On the average, one patient spends 500 kip a day. The administrative committee sets the policies. It works tirelessly and enthusiastically, especially in the areas of sanitation, security, and cooking to serve patients, cadres, and medical staffers and in transporting equipment.

In general, the struggle this year against dengue fever has been successful because the 400 staffers have produced results equivalent to the work of 13,000 workers.

This accomplishment has resulted from the prompt creativity of the medical staff. Everyone works hard and takes charge. Everyone is close to high officials and the grassroots. Every medical staffer is highly responsible, capable, and united internally and externally. Everyone knows how to contact and coordinate the work between medical facilities, especially the Disease Institute, the Malaria Institute, the Pharmaceutical Institute, the Medical School, the Basic Medicine School of Vientiane, and local medical clinics. These facilities have all received tremendous assistance from different organizations, in particular, full cooperation and material and spiritual help from the people.

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CSO: 5400/4335

ANOTHER DENGUE FEVER EPIDEMIC EXPECTED

Kuala Lumpur NEW STRAITS TIMES in English 15 Jan 86 p 10

[Article by Ahmad Kamil Mohamed Tahir]

[Text]

KUALA LUMPUR, Tues. — Malaysia will most probably be hit this year by an epidemic of dengue fever and dengue haemorrhagic fever of the proportion experienced in 1982.

Records show that the disease, spread by the aedes mosquito, has the tendency to strike hard every four years, especially when people have grown to be complacent about having to maintain cleanliness in and around their houses.

In 1982, a total of 3,006 people were struck by the disease. Thirty-five of them died.

Four years earlier, in 1978, 929 people were afflicted, of whom 33 died.

In 1974, a total of 1,482 people suffered from the disease. It killed 104 that year.

Analyses

The Health Ministry, aware of the possibility of a major outbreak, is taking the necessary preventive measures, says the Director of the Vector-Borne Diseases Control Programme, Dr Chong Chee Tsun.

Otherwise, he adds, the number of dengue fever and dengue haemorrhagic fever cases this year will exceed 300 by the middle of the year.

Statistics show that the Federal Territory of Kuala Lumpur and Selangor had the most number of dengue fever and dengue haemorrhagic fever cases last year.

Johore has the most number of areas where the disease could break out, with the aedes household index exceeding five per cent — a level that can cause an outbreak.

Information

Analyses conducted until October last year point out 52 areas in Johore where the index is more than five per cent. Penang has 36 such areas and Kelantan 32.

Dr Chong says 121,665 houses were inspected up to November last year and it was found that 1,762 of the houses provided breeding grounds for the aedes mosquito.

A total of 797 owners or occupants of houses were given warnings, 488 people were fined and two were prosecuted. In all, $6,713 was collected in fines from offenders and 4,913 houses were fogged.

Dr Chong says dengue fever and dengue haemorrhagic fever are considered dangerous because proper medicine to treat the diseases has yet to be available.

"Therefore, the most effective way to prevent the diseases is to check the breeding of the aedes mosquito, carrier of the diseases," he adds.

However, this cannot be done if the people allow empty cans and old tyres to be left lying around to collect water. The aedes mosquito breeds in clear water.

Dr Chong says the diseases are "dormant" at the moment and that an outbreak can occur when the people least suspect it to.

At the height of the major epidemic in 1982, information was drummed into the people, by health officers moving from house to house and through the mass media, as to how they can keep the diseases at bay.

Cleanliness campaigns were intensified and everyone was advised to bury or burn useless containers that could collect water, and to use Abate to kill larvae in containers holding potable water.

These measures resulted in the diseases being brought under control, and the number of cases declined to 790 (with 10 deaths) in 1983.

Symptoms

The 1982 epidemic brought on an awareness among the authorities and the people as to the need for cleanliness at all times and not only when there was an outbreak of disease.

The Destruction of Disease-Bearing Insects Act 1975 was used against those guilty of allowing the aedes larvae to breed in and around their houses.

The Act provides for offenders to be fined up to $1,000 or sentenced up to three months in jail. For a subsequent offence, an individual can be fined up to $2,000 or sentenced up to one year in jail, or both.

Dr Chong says the symptoms of dengue fever and dengue haemorrhagic fever are sudden fever, pains in the muscles, bones and eyeballs and bleeding from the nose, mouth and body.

"Dengue fever and dengue haemorrhagic fever can kill unless the patient seeks treatment early," he adds. — Bernama.

/9274
CSO: 5400/4348

NICARAGUA

REGIONAL HEALTH DIRECTOR SUMMARIZES 1985 ACTIVITIES

Managua LA PRENSA in Spanish 21 Dec 85 pp 1, 8

[Text] The achievements, progress and problems in the health sector in 1985 were discussed at a press conference by the director of the Health Ministry in Managua, Dr Fulgencio Baez.

He stated that the region which is his responsibility has a population of 900,000, and to meet its needs there are nine hospitals and two polyclinics.

He added that 2 million medical visits were handled at the hospitals in 1985, which is about the same as the 1984 figure.

Of all these cases, 304,000 were emergency visits to the hospitals, 30,000 more than last year.

The regional director stated that there was more demand for emergency services for a variety of reasons: 1) The population's demand for health care was not met, and 2) attention to people with emergencies is given more quickly than in other systems.

With regard to dental visits, he indicated that 120,000 patients were treated, down 40,000 from 1984.

"This was due to the fact that water cutoffs hampered this service, and that the dental equipment was in poor condition throughout the year. There were also problems with meeting work schedules and organizational difficulties," he added.

Baez also indicated that 1.5 million lab tests were performed, about the same number as in 1984.

Laboratories have lost personnel, and staffs were smaller than in 1984. Work in this sector is closely related to the availability of foreign currency to purchase equipment and reagents for the lab tests.

The hospitals recorded 66,400 releases, including healthy people and deceased patients; the figure was 1,400 higher than the 1984 total, the result of a slight improvement in the utilization of beds.

A total of 23,300 births were handled, exceeding last year's goal. In surgery, 22,893 operations were performed, 83 percent of the goal.

The reason for this shortfall is also the lack of water for the sterilization of clothing and equipment, which had an impact on the number of operations.

At some points the air conditioning, vital in operating rooms, broke down. There was a lack of labor discipline among surgeons, anesthesiologists and nurses, which had a direct effect on this service.

According to Dr Baez, of the 66,400 patients released from the hospitals, 2,400 were dead, a 3.7 percent gross hospital mortality rate. Net mortality is the rate after 48 hours, and totals 2.1 percent.

Compared to international indicators, this is an acceptable figure, stated the regional director of health for Region III.

He listed the causes of death at the national level, indicating that the primary cause of death was accidents and violent deaths, including war casualties and automobile accidents. The principal disease plaguing Nicaragua is war, which causes the highest rate of mortality among civilians and combatants alike; it is followed by accidents.

At the hospital level, most deaths are perinatal (related to childbirth); the second-highest cause is diarrheic illnesses, followed by infectious and bacterial diseases. Fifth place is held by heart and circulation diseases. A large number of patients die outside hospitals.

All perinatal illnesses can be controlled if the mother detects a high-risk pregnancy through examinations.

In Nicaragua, 50 percent of pregnant women are at some risk. Twenty-five percent of pregnancies are in women under the age of 25. Another risk factor is multiple births, and still another is being over 35 years old. A problem at birth can affect the child's entire life.

If adequate precautions are taken, the mother can be vaccinated to prevent prenatal tetanus. All high-risk pregnancies should be treated in hospitals, but this does not happen.

Midwives attend 50 percent of the births in Managua, while the other 50 percent take place in hospitals.

8926
CSO: 3248/155

NIGERIA

MEASLE DEATHS IN EZZA REPORTED

Enugu WEEKLY STAR in English 29 Dec 85 p 1

[Text] ABOUT 10 children have lost their lives following the recent out-break of measles in some communities in Ezza local government area. Communities mostly hit by the disease are Idembia, Okofia, Amuzu, Nkomoro and Ameka.

Investigations conducted showed that a good number of mothers who thronged the Onueke health centre for immunization of their children against diseases were in some cases disappointed due to shortage of vaccines supplied by the State Health Management Board.

In an interview, the community health officer for the area, Mrs Helen I. Ozor, disclosed that only about 28 vials of vaccines were supplied to the centre by the board between the months of October and December this year.

She also contended that the increased rate of infant mortality which was hitherto caused by malnutrition and late report on cases to her centre, was gradually being controlled and attributed this to enlightenment of mothers on government's health programmes to provide his community with access roads to enable it transport its surplus agricultural produce to markets in other parts of the state where they were badly needed.

He also requested for an immediate commissioning of the only health centre in the area, in order to reduce the incidence of high death tolls caused by unavoidable dependence on medical quacks and provision of potable water.

Replying, the sole administrator advised communities embarking on self help projects to seek technical advice from his office before undertaking them.

He promised to make the local government bulldozer available to the community for the grading of the link roads in the area.

/9274
CSO: 5400/67

PAKISTAN

FAILURE TO PREVENT, CURE TUBERCULOSIS CRITICIZED

Lahore VIEWPOINT in English 9 Jan 86 p 8

/Unsigned article: "Preventable and Curable"/

/Text/ The report that "fifty-six percent of Lahore's postmen suffer from tuberculosis and (most of) the rest from heart ailments and diabetes" may shock some people, but it should cause little surprise because this category of essential public servant belongs to the disease-ridden section of our society.

Like certain other diseases that are both preventable and curable, T.B. continues to flourish in Pakistan and many other Third World countries. It is described aptly as a disease of poverty, and confirmation is lent to this view by the Lahore GPO's Medical Officer who, revealing the horrifying statistics, said that "poor living conditions and insufficient diet" are the causes of these diseases among postmen. Authority cannot be accused of ignoring major problems, like that of T.B.; they are discussed in conferences, seminars and sometimes down to the level of workshops and committees even sub-committees. All this activity provides employment to the speech-makers and note-scribblers, but as far as the victims of the disease are concerned, relief reaches only a lucky few among them, while the malady continues to advance at a gallop.

Big Plans

In 1982, a well-publicised international conference on T.B. was held in Lahore: after a detailed survey of the incidence of this fell disease, elaborate measures were outlined for bringing it under control. It was admitted that seventy percent of Pakistani citizens above 20 years of age had been exposed in some way to the malady, that half of the population had come into contact with tubercle bacilli, and that 1.6 million suffered actively from the disease. And there were 2.60,000 sputuminfectious cases, which means that living in crowded huts and hovels, under insanitary conditions, they were responsible for continuous spread of the foul and fatal disease.

It was decided, after many well-worded speeches, that a T.B. Foundation should be set up to undertake a countrywide campaign that would curb the malady, provide treatment to those who needed it, and ensure through inoculation and other preventive measures that its spread was checked. This elaborate scheme has not been heard of since then. If a Foundation of some sort was established in a palatial air-conditioned office, the results of its efforts have not been in evidence. What little information is available shows that the overall situation has worsened.

Scant Results

The National Tuberculosis Control Programme, it has been admitted officially, has not shown worthwhile results. In 1984 the then Health Minister revealed that 2.15 million people were still suffering from tuberculosis. More recently a Professor of Medicine in a Multan College has estimated that T.B. is the fourth-largest killer in Pakistan, and opined that this deadly disease was "thriving on poverty, ignorance and malnutrition and inadequate health cover." Another expert, a former Professor of Lahore's KEMC College, has computed that tuberculosis causes 68,000 deaths every year in Pakistan. And let it be remembered that no statistics especially those related to poor living conditions and listing the people's deprivations, are ever accurate. Whatever guestimates are presented are certain to be gross underestimates.

Revelations about new medicines discovered which can help to prevent or speedily overcome the disease are again somewhat irrelevant, simply because the infra-structure and finance required to make them available to those who need them most just do not exist. Even in our capital cities, medical diagnoses and aid are available only to a small fraction of the people at hospitals where medical treatment is offered, more or less, at public expense. In smaller towns and in the countryside, proper medical aid is not available for love or money, and even those who suffer from dangerous diseases are left to linger and die without any treatment except that suggested by local quacks and charlatans.

> This presents a grim, miserable picture of a helpless people without anyone caring to provide health care, while continuing inflation, rising unemployment, the spiral of prices, further lower living standards, and make them easier victims to many fatal diseases.

/12851
CSO: 5400/4703

BRIEFS

YELLOW FEVER OUTBREAK--Lima, 14 Jan (EFE)--The Civil Defense Department today disclosed that 13 people have died of yellow fever in San Martin Department. The towns affected by this outbreak are Dos De Mayo and Huayabamba Valley in Mariscal Caceres Province, also the Tingo de Saposoa District in Picota Province. [Summary] [Madrid EFE in Spanish 0256 GMT 15 Jan 86] /9604

CSO: 5400/2032

SOUTH AFRICA

RESEARCH REVEALS AIDS SPREADING RAPIDLY

Johannesburg THE CITIZEN in English 15 Jan 86 p 14

[Text]

CAPE TOWN. — Aids cases in South Africa are spreading faster than doctors anticipated, with more cases being found among hetrosexuals, the Medical Research Council said in a statement yesterday.

Prof Andries Brink, MRC president, said South Africans who believe the Acquired Immune Deficiency Syndrome (Aids) was of concern only to homosexuals and drug-abusers were not facing the realities of this disease.

Reasons for concern included indications that Aids was spreading faster than medical experts initially anticipated.

"Although at this point in time our numbers of Aids cases are low, we could be facing an increase with cases occurring among the normal heterosexual community," he said.

Research was needed regarding the exposure of the South African community to the virus.

"Generally we are not doing enough research on Aids in South Africa, nor are we doing enough to persuade members of the public most at risk to take precautions.

"We need to determine the Aids status of Black South Africans and their suspected vulnerability should be urgently investigated. The evidence for the heterosexual spread of Aids in African people must also be thoroughly studied," Prof Brink said.

The MRC was supporting some research on Aids in the laboratory and clinical situation, but the effort needed to be strengthened.

In West Germany support for Aids research in 1986 was being doubled and increased to about R5-million.

In England, the Department of Health and Social Security has recently announced R28-million package to combat the spread of Aids in Britain, where 134 Aids deaths have been reported.

"In South Africa we have had 15 Aids related deaths and we have no estimates of numbers that have been exposed to the virus," Prof Brink said.

/9274
CSO: 5400/66

SPAIN

AIDS CAUSES CONSTERNATION IN ARMED FORCES

Madrid TIEMPO in Spanish 2 Dec 85 pp 10-16

[Text] The military authorities fear a massive outbreak of AIDS in the barracks. To prevent it, they have begun a campaign among the homosexuals and drug addicts who join the Army every year. For the first time, the Armed Forces have admitted that there are homosexuals and individuals with AIDS antibodies in their ranks.

That day, with a frequency scheduled in military style, the commanders gathered their troops in front of a television set. In large, orderly groups, with military discipline, they filled that large room, which a few moments earlier had been empty and cold. The recruits made a great commotion, some snickering and quite a few grumbling when they found out that it was this kind of meeting. A medical officer cleared up the mystery: They would discuss acquired immune deficiency syndrome, AIDS, and for this purpose, they had a video made in coordinated fashion by the health headquarters of the three branches of service, with the approval of the superior staff, based on an order from the Ministry of Defense. For the first time, AIDS was officially "entering" the barracks.

The soldiers, somewhat gaping, listened to the hygienic recommendations of their superiors: "Reduce homosexual relations to a minimum, and use condoms. In the case of intravenous drug addicts, do not use syringes that have been used." The comments were clearcut and the pictures simple, in keeping with the troops' cultural level. They called a spade a spade.

"AIDS is not caught from a handshake, used plates, the WC bowl, a hand on the doorknob or a man and woman kissing each other..." There was a certain amount of noise. "Those who have had hepatitis, syphilis and malaria must refrain from donating blood; as well as those who are homosexual-heterosexual, intravenous drug addicts, and individuals who are sexually active with several partners." The video program ended with a warning: "Remember, for your own good and that of others, take the proper precautions."

This picture, this event in the barracks, has not happened yet; but it will take place shortly. The video, to whose text TIEMPO had access, has already been assigned to a company for execution. At the beginning of January, at

the latest, it will be ready to be viewed by the troops. The Armed Forces, following the example of other armies, realize that, at present, only prevention and hygienic methods are effective against a potential outbreak of AIDS in the barracks. And the medical information is the only means at their disposal.

The medical commander, Rafael de Llano Beneyto, chief of the hemotology and hemotherapy service at the Gomez Ulla Military Hospital in Madrid, remarked: "There are many individuals in the Army who have developed antibodies of the HTLV-3 virus. This doesn't mean that they have contracted the disease, but rather that they have at some time been in contact with the AIDS virus. The problem is that they carry the disease without suffering from it, and they could infect other soldiers." The same proportion of incidence of AIDS exists in the Army as among the civilian population. The statistics indicate that, in a city of 4 million inhabitants, such as Madrid, at least 8,000 persons have AIDS antibodies.

Two Out of Every 1,000

Medical commander De Llano went on to say: "Two out of every 1,000 soldiers have been in contact with the virus. With the permission of the commander in chief of Madrid, a study has been conducted in the entire Madrid garrison, and we shall soon have statistics prepared on the incidence of this disease. It should be considered that, in a military population of 30,000 soldiers, such as we have in Madrid, approximately 60 have been in contact with the virus."

On 29 November, all the military hemotologists will meet at the Gomez Ulla Military Hospital in Madrid. On the agenda is the study of AIDS in the barracks and concrete proposals that will be submitted to the staff. At the beginning of December, according to all predictions, the Army command will decide what to do with the recruits in whom positive AIDS antibodies have been discovered. For such cases, medical commander De Llano poses a dilemma: "Should they be excluded from military service, or should they be combined with the rest of the soldiers? It would be dreadful if some parents of recruits were to ask us how come we have combined young men with the danger of AIDS in the same barracks with others who do not have it. But, we cannot allow a soldier to be excluded because of the fact that he has been in contact with the virus, without having contracted the diseas and for having created antibodies in his body, either. If he doesn't have AIDS, there is no reason to dismiss him."

On 17 November, 237,246 new recruits had lots drawn to determine their fate. One out of every four youths is exempted from military service because of excessive quotas. The high birth rates which occurred during the 1960's have caused 75,448 19-year old youths to remain outside of the "mili." During the next 3 years, this same surplus percentage will continue.

If, in the light of the statistics, the Army decides that having antibodies of the HTLV-3 virus is cause for exclusion, the anti-AIDS "Elisa" test will be given, on a compulsory basis, to all youths called into the ranks. De Llano

asserted: "Up until now, there were youths who claimed to be suffering from AIDS so as not to take military service. We have studied this, and have adopted the pertinent measures. We are in the Army and, here, operating with discipline, when orders are issued, we obey them immediately; there are no possible interferences or delays. Statistics will be prepared, and if the results are disturbing, it will be decided whether the boys with antibodies of the HTLV-3 virus are to be dismissed from the service or not."

Confronted with 237,246 anti-AIDS analyses per year means that the Army must use material, technical and economic facilities that it lacks at present. This is perhaps the first problem. At the Ministry of Defense, they prefer to take the bull by the horns. For this reason, the Armed Forces are the first institution to impose the anti-AIDS "Elisa" test on their blood donors on a compulsory basis. Despite the precautions taken in this regard, no other state agency has imposed this measure on altruistic blood donors. The Ministry of Health may possibly be considering it, because, to date, no case of AIDS caught from a transfusion has been discovered in Spain. The Gomez Ulla Military Hospital is curing itself before the illness takes hold: No blood donation is acceptable if the anti-AIDS test has not proven negative.

The medical captain, Jose Luis Romero, explained: "Spain is the European country with the lowest blood donations, but the Army has a very high average of donors. In Madrid, without extrapolating for the rest of Spain, 58 per 1,000 of the recruits are donors." In a sampling taken among 635 Land Army blood donors, the "Elisa" test has proven negative in all cases, and this has been confirmed by the Majadahonda Microbiology and Virology Center, headed by Dr Rafael Najera, a laboratory which centralizes the research on AIDS. It is here that all the cases detected in Spain are confirmed. There are already in our country 63 AIDS victims confirmed by MAJADAHONDA. Of them, only one is known to be a member of the Armed Forces. Record number 18 relates to a soldier who died a victim of the HTLV-3 virus during September 1983. Medical captain Romero commented: "We make three tests to detect the presence of the virus antibodies. But we only consider a soldier as testing positive when it is confirmed by the Majadahonda center."

In another sampling taken among 1,599 recruits, aged between 18 and 22, the first analysis showed 16 positive cases, the second reduced it to seven and the third remained at four.

As for the donors, medical commander De Llano asked: "Why isn't there any blood donor in the Army with AIDS antibodies? Perhaps because those soldiers who think that they belong to risk groups, that is, homosexuals and drug addicts, do not offer to donate blood. We don't know."

'Gay' Soldiers

The identity of the youths in whom antibodies of the HTLV-3 virus have been discovered is kept absolutely secret. Their files, strictly confidential, are kept in a computer in the Hemotology Department to which only the chief of the service, Rafael de Llano Beneyto, and his assistant, Jose Luis Romero

Barbero, have access. No other member of the military, not even a general, can make use of it. It is operated only by these two medical officers and members of the Personnel Backup Office, a section assigned to make decisions on the fate of those youths.

As an expert spokesman on AIDS, Commander De Llano, whose conversation with this weekly publication had the approval of his superiors, explained: "We have had contacts with the Madrid 'gay' community in this hospital. In that very chair on which you are seated now, a few days ago a representative of the 'gays' was sitting, telling us of his fear and that of his group that a possible AIDS outbreak or the detection of antibodies might mean exclusion, and even persecution of the homosexuals who are taking military service." This comment, concise and not at all strident, is in contrast to the recent public statements made by a high-ranking military commander, who claimed that there is no danger of AIDS in the Armed Forces, because there are no homosexuals in the troops.

De Llano added: "The homosexuals in the Army never show their status as such; they try to go unnoticed. They maintain a kind of clandestinity. Nevertheless, it is known that they are homosexuals, but nothing is said to them because they observe the rules."

The heroin addicts are the other AIDS "risk group" taking military service. The Armed Forces exclude from the "mili" all advanced "junkies" whose dependence on "horse" is total. When the drug addiction of the future recruit is intermediate, he is temporarily exempted until he improves, or is sent to a psychiatric hospital for detoxification. With the screening to which they are subjected when called into the ranks, it is very difficult for intravenous drug addicts to become a large risk group in the Army mixed in with the troops. In the barracks, the soldiers smoke "joints" and drink alcohol by the liter, but syringes are something else.

Rejected by the Army

Although drug addiction is not included as such in the table of disqualifications, the "junkies" are expelled from the Army for "similarities," reflected in personality changes caused by addiction. In 1984, nearly 1,000 young drug addicts were rejected by the Armed Forces in the preliminary medical examination. Also discovered were another 2,000 Land Army soldiers who possessed, consumed or were engaged in trafficking in drugs in the military branches. During the first half of this year, over 1,500 soldiers addicted to drugs were excluded from military life. To detect drugs, in addition to an impressive intelligence service, the Army also has dogs trained by the Civil Guard who sniff the barracks. Urinalyses carried out among the troops without prior notification have also brought excellent results.

Half of the drugs seized in the barracks consist of hashish and derivatives. They are followed by heroin, which totals 43 percent of the drugs in the barracks. It is not rash to state that they are the two drugs most consumed.

One prominent item of information is demonstrated by the Legion: 80 percent of its members consume drugs. This information is part of a report prepared by the staff at the beginning of the summer. Those addicted to drugs taken intravenously can hardly go by unnoticed, and they are the main target of the drug consumption prevention plan in the Army, known by the anagram "Picode."

For all these reasons, speaking of AIDS in the barracks means, unquestionably, talking about homosexuality. Therefore, the recommendations for the future campaign on AIDS among the troops will be directed more at the sexual relations of the recruits than at the unhygienic use of contamined syringes. In this connection, the main obstacle encountered by the Armed Forces is the lack of information; because, as the medical lieutenant colonel, Juan Fernandez Simon, commenting on AIDS during a meeting of experts held on 28 October at the Gomez Ulla Military Hospital, remarked: "The branches of service do not have reliable statistics available on sexually transmitted diseases."

For those who wear a uniform, the homosexuality in the Army has caused some "disgraceful" incidents. "The Code of Military Justice, in Article 352, categorizes as one of the crimes against military honor the conduct of those who, with military status, commit shameful acts with individuals of the same sex," states the decision of the court martial held on 6 December 1983 against three sailors from Cadiz. According to the same text, one of them "suffers from sexual perversion, consisting of homosexuality."

2909
CSO: 5400/2517

SWEDEN

COMPUTER REGISTER SEEN HELPFUL IN CONTROLLING AIDS SPREAD

Carrier Guarded 24 Hours

Stockholm DAGENS NYHETER in Swedish 20 Jan 86 p 6

[Article by Marianne Hjertstrand]

[Text] The narcotics addict who had become infected with AIDS and who had been sentenced to commitment to a hospital has now been at the Roslagstulls Hospital for 2 weeks. He is not ill but is a carrier of the HTLV-3 virus. He was sentenced to commitment because he had exposed others to the infection.

"The worst thing is the uncertainty as to how long I shall have to remain here," he says.

There is no time limit to compulsory commitment. According to the law, a carrier shall remain 'committed to hospital' until his physician finds reason to believe that he will no longer pass on the illness to others.

The problem is that there is no cure nor any treatment for the HTLV-3 virus. For that reason, the 'custody' now usually is forced commitment to a hospital. In the room are night and day two uniformed guards whose job it is to see to it that the person committed to the hospital will not jump out of the window or simply leave.

Tommy, as we may call him, has become infected with the deadly HTLV-3 virus, which may give AIDS and several other dangerous and deadly illnesses. The virus has been found among narcotics addicts in Sweden since 1983 and has spread rapidly among those who use the same syringe. Drug addicts using syringes usually draw blood into the syringe to ensure that they have reached a vein with the needle. If, subsequently, more people share the contents of the syringe, they will also get the infected blood into their own veins.

Mistake

Tommy is 29 years old and has been a heroin addict for nearly 10 years. He does not know when he became infected. But he knows that he was in May of last year. At the time, he received a letter, offering drug addicts using

the needle, living in Stockholm, free testing for antibodies against the HTLV-3 virus. He thought about it for a while and then decided to go and be tested.

"The mistake of the year," he is now saying.

If the authorities had not known that he had become infected, they would not have been able to force him to be committed.

Those who have become infected are, under the Protection Against Contagious Diseases Act, not permitted to expose others to the contagious disease. But Tommy did. He continued to have sex with his girlfriend without using a condom for protection against the disease.

"We were, of course, together a long time before I got to know that I had contracted the disease," Tommy says. As far as he knows, his girlfriend has not become infected with the HTLV-3 virus.

Would Have Preferred Imprisonment

He is now lying in a bed in the hospital, and he is angry and finds that his rights have been violated. The light is turned on night and day to prevent his guards from falling asleep. He is never alone.

A week ago, he broke a washbasin, according to himself in the hope of being transferred to a prison.

"There, you are at least allowed to be alone in the room," he says. "Do we really have human rights in Sweden, when they can keep me confined like this?"

"Are you afraid that you might become ill from the virus?"

"No, actually not," he answers. "If one has constantly played with death, taking heroin, as I have been doing, this does not make any great difference. I suppose it does not help to jump around or become agitated."

Drug-Free Environment

Everything which might contribute to making the room look cozy has been removed from the room. There is no chart on the wall, no chairs for visitors. His eating utensils are made of plastic. The other day, he was not permitted to accept a sponge cake made by his mother, because things might have been hidden inside it. According to the sentence given him by the county administrative court of appeal, the purpose of the compulsory commitment is to keep him in a drug-free environment and to motivate him to change his conduct, so that he will no longer constitute a risk of infection for his environment.

Tommy is now regarded as having become detoxified since there no longer are any drugs in his body. He has, moreover, been examined for other infections that might have required treatment, but he is all right.

No Ward

He has seen three different psychiatrists, but the hospital has got no special ward for drug addicts with a staff that is used to, and knows how to work with and seeks to motivate heroin addicts to undergo long-term treatment. It usually involves keeping the drug addict in a treatment center for several months, perhaps 12 months, in order to teach him to live without using drugs.

"But treatment centers and things like that are not for me," Tommy says. "I know of hundreds of drug addicts who have been to such places, and they have all of them become cunning from it. Once they get out again, they merely go to town to get a fix. No, the only thing that helps is working so that one becomes tired."

Victim

Social Minister Gertrud Sigurdsen agrees that the law is not too good.

"The law dates back to the days when the HTLV-3 virus did not yet exist. The problem is that we have got no cure for the infection," she says. "We had no ready plan on handling those who pass the infection on to others, even if it is prohibited. This man has become a victim of it."

Gertrud Sigurdsen finds that the most important task of the ward to which the drug addict has been committed is to seek to motivate him to stop taking drugs.

"He would have to become free of his dependence on drugs," she says. "He ought to have contact with social workers in drug addiction wards, who can help him become motivated."

Computer Register Soon Ready

Stockholm DAGENS NYHETER in Swedish 28 Jan 86 p 7

[Article by Lennart G. Johansson]

[Text] The security requirements in connection with the planned computer register for those who have become infected with AIDS has now been carried so far that there is a risk of mistakes. Up to 40 persons may have the same code, according to Lars-Olof Kallings, chief of the National Swedish Bacteriological Laboratory (SBL).

He, nevertheless, accepts the proposed compromise which will be discussed by the Swedish Computer Inspection Board next Wednesday.

The Computer Inspection Board first has to decide whether it is a question of a civic register if a code replaces name and civic registration number. If so, the Computer Inspection Board is expected to adopt the security regulations contained in the draft compromise.

Thousands of Reports

SBL will computerize the flow of paperwork on AIDS and the HTLV-3 virus since it will not be possible to do so manually. It is a question of thousands of reports from physicians and laboratories working to curb the spread of the virus.

The computers will record the following information: personal code (the two last figures of the year of birth and the four last figures of the civic registration number, month when entered, risk group (homosexual, drug addict, etc.) and method of examination.

The information will be given by the physicians in question in counties and the metropolitan area and by approximately 100 laboratories and blood donation centers.

"Only officials working within the epidemiological ward of SBL will be in a position to get information from the register," says Lars-Olof Kallings. "They have to have special authority and all withdrawal of information is checked."

Risk of Mistakes

He stresses that SBL is not interested in the individual cases. The information is needed to enable SBL to follow the spread of the disease, the conduct of the risk groups, infections from abroad, and the spread of the disease via various blood products.

"The secrecy has now been carried so far that it will be possible without actual security risks. Theoretically, 40 persons may have the same code. That involves risks of mistakes, the same case may, for example, be recorded several times.

Lars Olof Kallings, however, does not find that the price has been too high.

Six Months

"If we do not have the confidence of the risk groups, they will not turn up for testing. And Sweden will, at any rate, be the first country to reduce the tests to a system."

"SBL submitted its application for an AIDS register in July of 1985. Is a period of 6 months not a long time for processing in this context?"

"That is true, but in the meantime we have been discussing the question of secrecy with the Computer Inspection Board. The delay has caused a heavy load of paperwork, but it has hardly affected our efforts to combat the disease. Only when the law was changed on 1 November, did we become really pressed for time.

SBL has since then made all of the preparations to start using the AIDS register if the Computer Inspection Board gives its go-ahead next Wednesday.

7262
CSO: 5400/2524

TANZANIA

IMMUNIZATION PROGRAM RELEASED

Dar es Salaam SUNDAY NEWS in English 5 Jan 86 p 1

[Text] THE Government has outlined an immunisation programme aimed at reducing by half the high death rates among infants and children in the country by 1990.

At present out of every 1000 live births, 137 infants and 231 children die mainly from immunisable diseases, low birth weight, acute respiratory diseases, diarrhoea and malnutrition.

The move comes in the wake of the Party National Executive Committee (NEC) directive last October to Union and Zanzibar governments to chart out immunisation programmes to curb child diseases and deaths and hasten attainment of health for all by the year 2000.

The programme, made available to the *Sunday News* yesterday intends to raise the present vaccination coverage of 35 per cent by setting up mobile services, training more maternal and child health aides, opening temporary vaccination units and enhancing outreach services at a total cost of 64,511,750/-.

The document said that each region and district would have to chart out its own immunisation programme in line with the Government programme to facilitate immunisation of the underfives — the group are not well developed.

Under the programme, MCH aides, who were in urban dispensaries but were superflous, will be moved to rural areas where the majority of the people live and where health services are not well developed.

It added that rural medical aids and health assistants in dispensaries would undergo training in immunisation in which the Ministry of Health —the pioneer of the programme — would help.

Although the deocument did not say how many temporary vaccination centres would be opened, it explained that there will be established in villages where there are no health centres or dispensaries. They will be opened in churches, mosques, community development halls or any other suitable house.

Mobile and outreach services will be increased under the programme to reach mothers and children in remote rural areas. Districts will have to identify villages that need such services.

The document pointed out lack of sufficient information on immunisation, lack of storage facilities for vaccines, running of the services and few vaccination units, as some of the problems affecting implementation of the programme.

The document singled out ten cell leaders and religious leaders as having a special role in mobilising people. It said the former will identify children underfive years old who had not been vaccinated in their respective areas whereas the latter will preach in favour of the programme.

The mass media will be coopted to educate and mobilise

people to participate in the programme whereas Chama Cha Mapinduzi (CCM) through its leaders at all levels, will ensure that the programme runs smoothly

Primary health care committees will be formed from village to national level to spearhead the exercise through rendering proper supervision and prompt assistance.

Evaluations, the document added, will be carried out at district and regional level at least every year. Vaccination coverage targets are 75 per cent this year, 85 per cent (1987), 90 per cent (1988), 95 per cent (1989) and 100 per cent in 1990.

/12828
CSO: 5400/71

TANZANIA

ANTI-AIDS PLAN READY

Dar es Salaam SUNDAY NEWS in English 12 Jan 86 p 1

[Text] TANZANIA has prepared a three year programme to combat the Acquired Immune Deficiency Syndrome (AIDS) disease, to be launched this July.

The secondary function of the project, estimated to cost 15m/- (836,466 US dollars), is to research into the magnitude, extent and mode of transmission of AIDS in the country, according to a Ministry of Health write-up made available to the *Sunday News*.

The project, to be mainly financed locally is a response to recent published reports indicating that AIDS may be a serious public health problem in tropical Africa, especially in Chad, Zaire, Rwanda, Burundi, Central Africa Republic, Uganda, Zambia and Tanzania.

According to the reports, heterosexual contact in these countries is a major risk factor for transmission of AIDS. Other agents are contaminated blood from infected persons and transmission from infected mothers to their babies.

The ministry write-up shows that AIDS was confirmed to be present in most districts of Kagera Region last August. A case control study showed that transmission through heterosexual contacts was the major mode of disease transmission.

Isolated cases have also been reported in other consultant and regional hospitals in Arusha, Kilimanjaro, Mwanza, Mara, Shinyanga, Iringa, Singida and Tanga, according to the write up.

The exact magnitude and extent of the disease is yet to be established but 41 per cent of bar maids and hotel workers examined in Bukoba town last August had seroligical evidence of AIDS infection.

The write-up further shows that approximately 10 per cent of a small sample of blood donors in Dar es Salaam had been proved to have serological evidence of infection with the aetiological agent lymphadenopathy associated virus (LAV) or the human T-cell lymphotropic virus III (HTLV III).

Studies in Musoma also showed that seven per cent of individuals there had evidence of infection. According to the write-up, nearly 150 cases of AIDS were attended to at treatment centres in the country between November, 1983 and last November with a 50 per cent case mortality rate.

"In view of the above preliminary findings, it is proposed to carry out a national AIDS control project under the Ministry of Health", the write-up concludes.

The project is designed to interrupt transmission of AIDS in the country, detect and offer appropriate management of AIDS patients and other infected individuals.

AIDS risk groups listed under the project include adults engaging in promiscuous (unrestricted) sexual relations; children of infected mothers; recipients of contaminated blood or other body fluids and hospital and other workers in regular contacts with body fluids from patients.

Strategies to control the disease proposed by the project will include health education to the community on safe sex practices and "against other practices which may result in exchange of body fluids".

/12828
CSO: 5400/71

TANZANIA

BRIEFS

PLAGUE IN TANGA--Plague still exists in Lushoto District, Tanga Region, and by yesterday there were 31 victims hospitalised in various village health centres, Shihata reported. The district Commissioner, Nudgu Joseph Kilivata, said yesterday that since the disease broke out early last month, 184 people have been affected while 15 died. The villages with plague victims are Manolo, Vipi Nkunki, Mavuno, Ndabwa, Maringo, Magamba and Langoi. [Text] [Dar es Salaam DAILY NEWS in English 23 Jan 86 p 3] /12828

CSO: 5400/71

TRINIDAD AND TOBAGO

AIDS SITUATION DESCRIBED; INCIDENCE RUNNING HIGH

Port-of-Spain EXPRESS in English 28 Jan 86 p 1

/Article by Lystra Mulzac: "2,000 Carriers in T&T: Two Children Die From AIDS"/

/Excerpt/

TWO children under the age of two have died in Trinidad and Tobago from the killer disease AIDS.

Courtenay Bartholomew, Professor of Medicine at the University of the West Indies, said yesterday there were 70 people in the country who have been struck with Acquired Immune Deficiency Syndrome since the virus was identified in Trinidad and Tobago in February 1983. These include two women, five children, all under age two (two of whom have died since the figures became available); and of the remainder, all males, two are heterosexual men who have admitted to being sexually promiscuous.

Bartholomew, who spoke to reporters yesterday following a workshop on AIDS at CAREC (Caribbean Epidemiology Centre) headquarters on Jamaica Boulevard, said there were as many as 2,000 people in this country who have been identified as carriers of the AIDS virus.

At least 100 people will be infected by next year, Bartholomew forecasted; this will be a 12-fold increase from just eight cases in 1984; and as much as 40 per cent of the homosexual population could be infected by next year.

The ratio of AIDS victims in Trinidad and Tobago now stands at 70 cases per million, well above European countries who report less than 10 cases per million, and even the United States. So it is crucial that Trinidadians and Tobagonians understand the urgent need to adopt more preventive measures, Bartholomew said.

/12851
CSO: 5440/047

UNITED KINGDOM

BRIEFS

FLU, COLDS EPIDEMIC--Cold and flu symptoms are approaching epidemic proportions throughout Britain--but most people complaining of flu are deceiving themselves, doctors say. According to the Department of Health, a "particularly nasty" virus is causing a lot of infections, but samples analysed have confirmed that the virus is not flu, writes our medical correspondent. The cold virus causing the outbreak, which started before Christmas and has increased sharply since the New Year, remains unidentified, but doctors insist that the symptoms are different from those of flu. "We often find an increase in these infections after Christmas, and it's hard to tell how much is due to people not wanting to go back to work," said Professor Paul Grob, head of the unit at Surrey University which collects information about infections. Sufferers should ask themselves whether they were well enough to fetch a £50 note from the middle of a field. "If they are, they haven't got flu." [Excerpt] [London SUNDAY TELEGRAPH in English 19 Jan 86 p 40] /9274

INCREASE IN AIDS--AIDS infection in Britain increased steadily among high-risk groups during 1985, with almost a quarter of homosexuals tested carrying the antibodies. Doctors at the Virus Reference Laboratory in London report in the current issue of THE LANCET that of 12,726 people in high-risk groups tested, 2.183 had Aids virus antibodies in their blood. Tests among homosexuals rose 13 per cent to 24 per cent over the period from October, 1984 to September 1985, and through the positive increase among drug abusers were less marked, the pattern in mainland Europe suggests that the infection could soon be widespread. Heat treatment of blood products used in the treatment of haemophiliacs appears to have arrested the rise in the number of positive blood tests in this group, but of 1,847 tests carried out on haemophiliacs in the year 577 or 31 per cent were positive. [Text] [London DAILY TELEGRAPH in English 20 Jan 86 p 3] /9274

CSO: 5440/043

ZAMBIA

AIDS CASES DIAGNOSED

Diagnosis, Research Efforts

Lusaka TIMES OF ZAMBIA in English 14 Jan 86 1

[Excerpts] The Tropical Diseases Research Centre in Ndola has acquired new equipment for detecting the killer Acquired Immune Deficiency Syndrome (AIDS) virus.

TDRC deputy director for research Professor Alan Fleming confirmed this yesterday and said because of blood tests conducted recently, eight people had been positively found with AIDS.

The patients — five men and three women — had undergone clinical diagnosis and their conditions were described as fair. They are admitted at Ndola Central Hospital.

Prof Fleming who has just returned from West Germany with the equipment said the TDRC under the auspices of the World Health Organisation was in the process of establishing clinics for AIDS patients.

The blood test known by its acronym — elisa-enzyme linked immunosorbent assay — is widely used in Europe and the United States.

Prof Fleming conceded that these tests were not enough in Zambia and it was up to the Ministry of Health to start screening blood from donors to curb the spread of the AIDS.

Asked what treatment the victims were receiving, Prof Fleming said there was no cure for AIDS at the moment "we are only administering secondary effection such as malaria and kaposi's sarcoma." This is a type of skin cancer..

He ruled out the use of newly discovered drug by French physicians for treatment of AIDS patients in Zambia "because all the victims treated with cyclosporin had died."

TDRC was working in close cooperation with the University Teaching Hospital in Lusaka to carry out tests on blood as well as the University of Gottingen in West Germany.

So far the disease nas claimed two lives at the Ndola Central Hospital. The ministry has now set up surveillance committees to monitor the AIDS on the Copperbelt and Lusaka.

Task Force Established

Lusaka TIMES OF ZAMBIA in English 15 Jan 86 p 1

[Article by Zarina Geloo]

[Excerpts] The Government yesterday officially confirmed the existence of Acquired Immune Deficiency Syndrome (AIDS) in Zambia and the upswing of the killer disease.

And to combat the scourge, the Government has appointed a task force to determine diagnostic criteria for it, including clinical and laboratory tests, general principles of management of AIDS patients, guidelines for materials to be used in public health education, particulary the health education unit in the ministry.

The other duty of the task force is to facilitate the establishment of reference laboratories for AIDS at the University Teaching Hospital (UTH) in Lusaka and the Tropical Diseases Research Centre (TDRC) in Ndola.

Director of medical services in the Ministry of Health Dr Everiste Njelesani said in Lusaka yesterday a number of doctors working in Zambia, especially in Lusaka and the Copperbelt had reported an increase in the number of patients suffering from AIDS.

The committee comprises Dr Njelesani as chairman and members are Professor Anne Bayley, Professor Alan Fleming, Professor N. Pearsal and Dr N. Nkanza of UTH.

Others are Dr T.K. Sinyangwe from the Ministry of Health, Dr Chipase, Lusaka Urban district council and a Miss Chibuye from the school of nursing UTH. The task force would report to the national AIDS surveillance committee.

"Moreover there has been an increase in the number of patients suffering from conditions highly associated with the disease such as kaposis sarcoma, shingles, and the so-called slim disease. Some of these people have died without having the diagnosis confirmed." Dr Njelesani said.

He added that the materials to be used would stress preventive measures as a way of controlling AIDS including:

- Avoiding promiscuity;
- Encouraging use of condoms for sexual acts;
- Abstaining from the use of contaminated syringes and needles, putting emphasis on health institutions to use disposable needles and syringes.

The measures would emphasise screening blood donated by donors.

"This will be effected as soon as test kits are obtained," Dr Njelesani said.

The task force would determine materials to be used for personal hygiene and the use of protective gloves for workers dealing with AIDS patients.

Dr Njelesani explained that AIDS was a disease caused by a germ called "retro virus" which destroyed the immune system of an individual, thereby making him susceptible to infections.

Studies in Central Africa including Zaire, Tanzania, Kenya, Nigeria, Burundi, Uganda and Zambia had shown the disease was common in the region.

AIDS occurred mostly in patients with certain types of diseases which led to suppression and destruction of the immune system of the body.

Dr Njelesani named some of the diseases as aggressive kaposis sarcoma, shingles, unexplained weight loss, unexplained chronic diarrhoea, persistent generalised and symmetrical lymph gland enlargement and venereal diseases.

The diagnosis of AIDS was made through the clinical presentation of the patient and through the identification of the

AIDS virus in blood sample.

The UTH and the TDRC had been designated as reference laboratories. Funds to strengthen the two laboratories to undertake the task were being looked for, he said.

The ministry had also set up a national AIDS surveillance committee whose duties are to:

- Determine guidelines on policy with regard to AIDS in Zambia;
- Act as an overall surveillance committee with regard to the situation of the disease;
- Consider, coordinate and recommend research to the ministry and report quarterly to the minister on the situation of AIDS in Zambia.

The committee is composed of assistant director of medical services, Dr Sam Nyaywa as chairman with professor of surgery at the UTH Professor Anne Bayley and ATRDC director Dr M. Mukunyandela as members.

Others in the committee are: Dr N. O'Brien from the Churches Medical Association of Zambia, Dr Victor Chilemu, director of Zambia Flying Doctor Service, a UTH consultant Dr S. K. Hira, Dr D. Buchanan from Zambia Consolidated Copper Mines and UTH interim director Mr Baldwin Mutale.

More Cases Confirmed

Lusaka TIMES OF ZAMBIA in English 16 Jan 86 p 1

[Text]

TWENTY-eight out of 100 patients with Sexually Transmitted Diseases (STD) screened at the Tropical Diseases Research Centre (TDRC) in Ndola recently have been found with the killer Acquired Immune Deficiency Syndrome (AIDS) virus.

An authoritative source at the Ndola Central Hospital said yesterday that so far 10 people had died of AIDS within the past seven months.

"On an average this means the disease claims one victim a month and we are likely to reach epidemic proportions soon. On Tuesday alone there was a patient from Luanshya, a Ndola businessman and another person from one of the townships whose blood tests were positively found with AIDS," the source said.

The source said between 80 and 90 per cent of the victims were from semi-affluent and the well-to-do classes.

He attributed this to their ability to travel abroad and maintain "girl friends" who were also mingling with people malignant to infection for want of extra income to support their high standards of life.

The doctor who named five of those claimed by the disease, said the incubation period of the AIDS virus had now been established to be two months to five years before a person could die.

"Those with minimal natural resistance will normally be attacked within two months of getting infected with the virus. But others with strong natural resistance will take as long as five years before being attacked."

In Kabwe, Central Province medical officer Dr Victor Chilombo said the diagnostic paraphernalia for AIDS had not been received yet.

On Monday TDRC deputy director for research Professor Alan Fleming said eight people had been positively found with AIDS by using recently acquired equipment.

Meanwhile, the task force appointed by Government to determine the diagnostic criteria for AIDS will be headed by Professor Chifumbe Chintu and not director of medical service in the Ministry of Health Dr Everiste Njelesani as previously reported.

/13104
CSO: 5400/68

BOLIVIA

BRIEFS

EPIDEMIC AFFECTS CHUQUISACA LIVESTOCK--Sucre, 19 Jan--According to a report submitted by the local Peasant Affairs Ministry official, two Chuquisaca provinces have been affected by a yet unidentified disease that has killed 400 livestock. According to reports from the Aurduy and Tomina Provinces, an unknown disease is killing an alarming number of livestock. The towns of San Pedro, Sopachuy Tarvita, and Azurduy have been the hardest hit in the respective provinces. According to Peasant Affairs Ministry officials it is possible that the area may be affected by rabies but this will only be confirmed after a special commission has visited the area in question and reported on its findings. [Summary] [La Paz PRESENCIA in Spanish 20 Jan 86 p 5 PY] /9274

CSO: 5400/2035

CANADA

BEEF FROM TB-INFECTED CATTLE CALLED SAFE TO EAT

Toronto THE GLOBE AND MAIL in English 11 Jan 86 p A4

/Text/ EDMONTON

Meat from Alberta cattle infected with tuberculosis has been approved for human consumption.

"The meat is perfectly safe for human consumption," Dr. Ron Clarke, regional veterinary director in Saskatchewan for the federal Agriculture Department, said.

The 163 cattle, from a farm near Pickardville, 60 kilometres north of Edmonton, were slaughtered Wednesday at a Canada Packers plant in Moose Jaw, Sask.

Dr. Clarke said the meat now "goes into the commercial chain" for sale.

Federal inspectors condemned some carcasses and passed others with no visible infection or with infected parts removed.

Dr. Demitrie Todosijczuk, director of tuberculosis services for the Alberta Community Health Department, said he "would not recommend to anyone to eat that meat because you do not know how that meat has been handled."

Dr. Todosijczuk said tuberculosis bacteria normally do not spread to muscles, but muscles might be contaminated by workers who improperly handle infected organs.

But he said that if he had to eat the meat, "I would not hesitate, because I eat well-done meat."

The tuberculosis was found when some animals from the Pickardville herd reacted positively to on-farm tests. The herd was quarantined and federal Agriculture Department officials arranged for Canada Packers to slaughter the animals under special conditions.

Neither the farmer nor Canada Packers officials could be reached for comment.

Dr. Anne Fanning, a University of Alberta professor specializing in human tuberculosis, said she was surprised to hear meat from infected animals was approved for human consumption, but does not consider the meat hazardous, because the bacteria are killed by heat. "It would be extremely unusual for cooked meat to transmit the organism."

/12851
CSO: 5420/45

CANADA

BRIEFS

CANCER-FREE CLAMS--St Andrews, N.B. (CP)--Clams in Canadian waters are free of the cancer that has plagued their American cousins in recent years, government test results show. "The results are good and very reassuring," said David Scarrett of the St Andrews, N.B. test station. The tests were conducted after 7 percent of clams off Eastport, Me -- at the border with New Brunswick -- were shown to be getting the cancer. [Text] [Toronto THE SUNDAY STAR in English 12 Jan 86 p A13] /12851

SEARCH FOR BUBONIC PLAGUE--Vancouver (CP)--British Columbia's wildlife branch has ordered blood samples taken from any coyotes caught by trappers this winter in a search for bubonic plague in the Fraser Valley. The move comes after a 29-year-old Washington State trapper contracted the disease and a coyote trapped near here showed signs of it. Mark Pimlott, a wildlife technician, said if plague exists in the neighboring state it's a "fairly safe assumption" it also exists in the Fraser Valley. Bubonic plague, once known as the Black Death, killed an estimated 25 million people in Europe in the 14th century. Today it can be cured relatively easily with antibiotics if diagnosed in time. [Text] [Toronto THE SATURDAY STAR in English 28 Dec 85 p A7] /12851

VIRAL INFECTION IN TROUT--About 1.5 million rainbow trout at a hatchery that was certified as disease-free have been destroyed after they contracted a viral infection common to Pacific salmon. The trout at the Summerland, B.C., hatchery comprised one-third of B. C. hatchery-raised stock. Hugh Sparrow, manager of the province's fish culture section, said in Victoria that the hatchery was forced to destroy all the fish after some were diagnosed as having the infection. There is no cure for the disease and any trout that might have survived the infection could have infected healthy fish after being released. [Text] [Toronto THE GLOBE AND MAIL in English 15 Jan 86 p A24] /9274

CSO: 5420/50

GERMAN DEMOCRATIC REPUBLIC

CIVIL DEFENSE MEASURES TO PROTECT LIVESTOCK OUTLINED

East Berlin SCHUETZEN UND HELFEN in German Vol 5 No 4 1985 (signed to press 10 Sep 85) p 20

[Article by Dr Eberhard Karge]

[Text] The health of livestock is of decisive importance for the productivity and national-economic efficiency involving livestock. Health is a basic condition for continuous growth of food production and product quality. In past years, important progress has been made in the GDR to insure livestock health. Formerly widespread epidemics such as cattle tuberculosis and cattle brucellosis could be eradicated and this resulted not only in the growth of efficiency but also in an important contribution to the improvement of national health. It was also possible to protect GDR livestock, for several years now, from such destructive epidemics as hoof and mouth disease (MKS), swine fever (SP) and atypical fowl fever (aGP) even though there were in Europe in 1984 circa 250 cases of MKS, 1500 cases of SP and 400 cases of aGP.

However, the greatest danger for livestock comes, as before, from epidemics and parasitoses, especially because these strike at larger numbers of livestock which, in turn, might cause roadblock and transit restrictions and consequently considerable production losses.

A number of infectious diseases of animals endanger human health. Prevention of and fight against livestock epidemics is therefore a matter of national responsibility which demands active cooperation of all employees and collectives of the agricultural and food production industries and, in addition, of the entire GDR population. On the basis of good results in fighting and eliminating livestock epidemics in the GDR, the most important tasks presently are to eliminate, before the 11th SED Party Congress, the last traces of the TGE [not further identified] pig epidemic, of Aujeszky's Disease leptospirosis and clinical dysentery. In this process, special attention will be paid to the orderly implementation of sanitary measures and to the absolute prevention of the spread of these epidemic viruses. In cattle production, priority will be given to the successful elimination of enzootic cattle leucosis as part of the fight against epidemics. Of increasing importance is also to prevent the import of non-domestic livestock epidemic viruses into GDR territory. This danger is so great because our domestic livestock has no specific protection

against it and epidemics of this kind could result in high losses for the national economy. Also, there will be trade restrictions imposed on the countries in question on the basis of international agreements. Some of these livestock epidemics have already started in Europe. African swine fever has caused great damages in Spain and Portugal since 1960. It has also been discovered in France and Italy. In Belgium circa 25,000 pigs had to be killed in the first half of 1985. Similar tendencies are becoming evident for the blue tongue disease of sheep, for cattle plague, African horse killer and lung epidemic of cattle, and these developments are cause for greatest concern and consistency in livestock epidemic prevention.

The central location of the GDR in Europe results in increasing transit of live animals, livestock products and raw materials. In 1984 alone, 47,940 goods and animal transports with totals of 777,185 animals and 790,491 tons of livestock products passed through the borders of the GDR.

Prevention of and measures against livestock epidemics are directed by the government in the GDR and are made highly effective through the existence and unified implementation of veterinary laws that correspond to production conditions and productive forces of agriculture, and through the close and coordinated cooperation of government departments with unions, cooperative institutions and industries of the agricultural and food production industries. An orderly system of protective measures creates the conditions to deal effectively with epidemic viruses in the country and with the import of non-domestic livestock viruses. Trouble-free livestock production requires the following:

1. surveillance of international livestock epidemic development and strict control over traffic containing livestock, livestock products and raw materials that cross GDR borders and may be carriers of infectious materials.

2. management and organization of measures to prevent epidemics in livestock production enterprises.

3. the strict observance of vaccination schedules for livestock, and the continuous follow-up vaccinations of young and bought livestock.

4. a high state of alertness and effectiveness so that the operative-tactica management documents (livestock hygiene directives, livestock epidemic alert plans, antidisaster measures) are always kept up to date and correspond to concrete production conditions.

5. simulated epidemic outbreaks must be used to provide training in the cooperation between livestock farmers and production collectives, the managers of agricultural enterprises, veterinary assistants, and local government organizations including civil defense units in dealing with livestock epidemics.

The goal of this kind of exercise is to isolate completely, through coordinated efforts of local organizations in society and industry, any object within 2 hours of epidemics determination (x plus 2) and to apply hygienic epidemic safety measures in the respective community or town within 12 hours after an epidemic has been discovered.

8889/9312
CSO: 2300/96

GERMAN DEMOCRATIC REPUBLIC

BRIEFS

SWINE FEVER CONFIRMED--Berlin--Swine fever broke out at a state farm in Herberg Kreis, Cottbus bezirk, on 9 November 1985. All necessary state and hygienic measures have been adopted. The relevant international authorities in Paris have been notified. [Text] [East Berlin ADN International Service in German 1636 GMT 11 Nov 85] /9599

CSO: 5400/3007

MALAYSIA

FOOT-AND-MOUTH DISEASE A MAJOR PROBLEM

Kuala Lumpur NEW STRAITS TIMES in English 8 Jan 86 p 10

[Article by Dr Ahmad Mustaffa Haji Babje, director-general of veterinary services]

[Text]

AMONG the diseases of animals, Foot-and-Mouth Disease (Hoof and Mouth for some countries) is the most feared not because it is a killer disease but because of its economic impact on the livestock industry.

Foot-and-Mouth Disease (FMD) affects cattle, buffaloes, sheep, goats and pigs.

The more developed the livestock industry the greater can be the losses if control is delayed and the loss of productivity following infection, usually estimated at 25 per cent.

In addition, prevention and control of the disease can cause governments and farmers millions of dollars.

Ban

Furthermore, importing countries will immediately impose a ban on livestock and livestock products from the affected country resulting in losses of exports earnings.

The rapidity of spread makes it a disease of major concern. The most serious effects are seen in dairy cattle or breeding herds where losses of milk yields, abortion, chronic mastitis and lameness are commonplace results of infection.

In pigs, lameness and mouth lesions cause rapid loss of weight and consequently poor doers.

Few countries of the world can claim complete freedom from FMD. The disease is worldwide in distribution and because of modern transportation systems, no country can be considered totally safe from the disease.

The disease is endemic in every continent except Australia, New Zealand and Japan.

Other countries which have eradicated the disease like the United Kingdom, North America, Canada, etc. are under constant threat of the disease as surrounding countries still have FMD.

Thus FMD is a disease of great significance to every country of the world, whether it is affected with the disease or free from the disease.

The veterinary authorities of countries free from the disease exercise constant vigilance against the penetration of their barriers.

Vigilance and early detection of the disease are made much more difficult in countries with extensive borders and where free ranging animal production systems prevail.

It is difficult to assess the full extent of the economic losses due to FMD but it is relatively easy to show that a well organised programme for its control has a favourable cost-benefit ratio.

Direct losses result from loss of body condition (meat), milk production, abortion and consequent ill effects, the cost of destruction of infected animals, disinfection and labour involved.

Indirect losses are caused by trade disruption, interference in breeding and additional efforts in control or eradiction.

The principle characteristics of the virus of FMD must be recognised to appreciate the complexity of FMD control and formulate appropriate action plans.

An important feature of the virus is its high degree of infectivity.

Once it enters a susceptible host it can multiply rapidly and abundantly. Eventually the virus in the host is present in all tissues, secretions (e.g. saliva) and excretions (urine and dung). Thus the virus can be shed before the clinical signs are evident.

Currently seven distinct immunologic types of FMD are recognised, namely, O, A, C, Asia 1, SAT1, SAT2 and SAT3.

Each type can further be classified into many sub-types. The importance of types and sub-types is

in relation to choice and use of vaccines.

Types and sub-types are identified by techniques in special laboratories. The confirmation of virus types and sub-types is done by the World Reference Laboratory for FMD in Pirbright, United Kingsom and for the Americas by the Pan-American FMD Centre in Rio de Janeiro.

When an animal is vaccinated against a certain virus type it is only immune against the homologous type. However, the immunity may not be adequate if the sub-type used in the vaccine is not the same as the prevailing sub-type in the field.

Strict attention has to be paid to the selection of virus strains for vaccine production so that vaccinated animals may be adequately protected against the prevailing subtypes in the field.

The duration of immunity in cattle following one vaccination is no more than four months and repeated vaccination must be practised for the establishment and maintenance of an immune animal population.

Continued and widespread use of FMD vaccine, which is the necessary mode of application, creates conditions in which antigenic ability of the virus may lead to the appearance of subtypes different from those incorporated in the vaccine.

Monitoring

Constant monitoring of virus sub-types has to be carried out in areas of continuous vaccination. Some vaccine manufacturers argue that sub-types differences detected by laboratory methods are not really important insofar as protection is concerned.

However, until more light is thrown on the importance of subtypes in vaccines, it is better to be on the cautious side.

The question is often asked why can't we identify and type the virus in Malaysia? After all the tests are techniques well known to our laboratories.

The fact is that FMD is not endemic in the country and the amount of time a laboratory in Malaysia is likely to handle FMD diagnosis will not justify the setting up of a special high security laboratory.

Moreover, when a laboratory receives only one or two samples a year it will not acquire the competence and confidence of laboratories that handle hundreds or thousands of samples regularly.

Malaysia does not intend to set up a special laboratory for FMD diagnosis but it will collaborate with UPM to device field diagnostic kits for rapid virus type identification and other diagnostic techniques that can be carried out by a routine laboratory on non-infections material.

More important than laboratory diagnosis is detection and diagnosis in the field. Fortunately most veterinarians in the department have gained experience and skill in clinical diagnosis.

In Malaysia any ruminant which shows lameness and salivation is immediately put on FMD suspect list.

The French law is applied here i.e. the animal had FMD until proven otherwise. This cautious attitude is taken to avoid losing time should the case be FMD.

Controlling and eradicating FMD is an immensely complicated problem especially when the disease is endemic (always present) in the immediate neighbouring countries.

Management of FMD outbreaks varies in different countries because of such factors as climate, geographic isolation, livestock production systems, technology, economic and social and religious values.

Basically there are three methods of controlling FMD. Slaughter, quarantine and vaccination or a combination of any two or three of the methods.

In countries that are traditionally free, the slaughter policy will be the method of choice. In Denmark when FMD occurred in 1982, after twelves years of freedom, the slaughter method was adopted.

The fastest way of overcoming an outbreak is by destorying the infected animal which is a living virus factory.

This is possible if the focus of infection is limited and the number of infected animals is small.

However, when the outbreak is extensive and involves large

numbers of animals, effective destruction becomes impractical because of logistics and facilities. In the Malaysian context, the overriding factor is the socio-economic value to our people.

The current control measures adopted in Malaysia consist of quarantine, surveillance and vaccination.

If such measures are instituted why is that FMD keeps coming into Malaysia, especially after 1978?

All that needs to happen for FMD to occur in Malaysia is for one infected animal to come in contact with susceptible animals in the country.

Since vaccination cannot cover 100 per cent of the animal population, the diseases will spread quickly to all susceptible animals in the area.

Vaccinating large numbers of the cattle and buffalo population in the border states becomes a prime issue in controlling FMD. Since the neighbouring country has at least three types of FMD virus (A, O and Asia 1), it may become necessary to use a trivalent vaccine in future vaccination programmes. Currently a bivalent vaccine (O and Asia 1) is used although only virus Asia I has been identified in the Kelantan outbreaks. The virus O and A which occurred previously have not been identified in all the samples sent for virus typing for 1985.

Surveillance and early detection can greatly affect the control of the disease. From the experience of the last three outbreaks, we have learned that we cannot rely on our neighbour for an early warning system.

In fact, Malaysia had to inform the neighbouring country that FMD has broken out in their country.

Surveillance beyond our border appears necessary as the disease comes from across the border. If Malaysia is informed of the occurrence of FMD across the border early the chances of stopping the disease entering our country is excellent.

Why is that FMD has become a problem in Malaysia only since 1978? There are no perfect answers to this question, Southern Thailand below the 10° parallel has, like Malaysia, been traditionally free of FMD, whereas the disease is endemic in central and northern Thailand.

Thailand itself has been strict about animal movements from the north to the south. Before the 1970s, movement of cattle from north to south was by train because there was no proper highway linking north and South.

After completion of a super highway, fast lorry transport of animals became more common and at the same time quarantine at certain points in Thailand became difficult to institute.

Feeder roads to the highway help evasion of road blocks and quarantine.

Quarantine and control of movement has been proven to be very effective in containing an outbreak.

Unfortunately this is the most difficult action to implement effectively because the majority of animals are loose on the fields and at times ownership cannot be traced.

When infected animals

are quarantined and their premises disinfected, the disease fizzles out without spreading.

The most dangerous movements are the illegal inter-state movements of cattle and buffaloes by unscrupulous livestock dealers and butchers.

Practically all the spread within the country in the past has been traced to movements by dealers and butchers.

We cannot depend on the law and enforcement alone to curb illegal movements as even death penalty could not stop drug smuggling. The control of FMD requires the full co-operation of the public, the Press, our neighbours and, in particular, livestock owners.

Without such understanding and realisation, the threat of FMD will hang continuously over our country.

Since it is not possible to stop illegal movement altogether, continuous vaccination of a high percentage of the ruminant population will have to be carried out in all border States.

This will involve a considerable annual expenditure even if farmers are charged for the vaccines. A possible strategy will be the prohibition of all slaughter animals to leave the border States but to allow only dressed or meat animals to do so.

Abattoirs could be established near the border, especially in Kelantan and Perlis, to absorb the normal cattle trade. The department will continue to provide vaccination, quarantine, education and surveillance while new strategies are being instituted.

Year(s)	Area Affected	Livestock Affected	FMD Types
Before 1939	Frequent	-	Not known
1939 - 1972	No outbreak	-	-
1973	Perlis only	Cattle	A
1974 - 1977	No outbreak	-	-
1978 - 1979	Kelantan, Kedah, Johor, Perak and Perlis	Cattle/ Buffaloes	0
1980 - 1981	Perlis, Kedah, Penang, Perak, Pahang, Kelantan, Terengganu and Johor	Cattle/ Buffaloes	0
1982	Seberang Perai only	Pigs	0
1983	No outbreak	-	-
1984	Perak only	Cattle	0
1985	Kelantan/ Terengganu	Cattle/ Buffaloes	Asia 1

/9274
CSO: 5400/4348

MALAYSIA

SWINE FEVER OUTBREAK REPORTED

Kuala Lumpur NEW STRAITS TIMES in English 4 Jan 86 p 8

[Text]

KOTA KINABALU, Fri. — An outbreak of swine fever has been confirmed in Labuan and four farms have been affected. More than 200 pigs have died from the disease, the Sabah Agriculture and Fisheries Ministry said in a statement today.

Swine fever, a serious viral disease among pigs transmitted through contact and from farm to farm by people or vehicles, is characterised by fever, skin haemorrhage, disinclination to move, and unsteadiness or eventual paralysis of the hind legs.

Although the virus does not affect human beings, an entire herd of pigs could be infected, resulting in the meat being unfit for consumption.

The statement said the disease was commonly spread through swill or uncooked infected meat and suspected illegal importation of infected meat.

Measures to control the outbreak in Labuan have been carried out by the Federal Veterinary Department including the destruction of infected herds and vaccination of those not affected.

Not affected

Import of pigs, pork and pig products from Labuan Federal Territory to mainland Sabah has been banned until further notice, and precautions against the disease have been taken at the Kota Kinabalu Airport, the statement added.

All pig farmers have also been requested to be on the alert and to contact the nearest veterinary office should they detect any sign of the disease in their pigs. — Bernama.

/9274
CSO: 5400/4348

NIGERIA

CONTAGIOUS BOVINE PLEURO PNEUMONIA REPORTED IN GONGOLA

Kaduna SUNDAY NEW NIGERIAN in English 12 Jan 86 p 4

[Article by A. B. Tapidi]

[Text] The outbreak of another deadly cattle disease, Contagious Bovine Pleuro Pneumonia (CBPP) has been reported in three local government areas in Gongola State.

Although the death toll had not been compiled because of the sporadic rates of occurrence of the disease, it is feared that hundreds of heads of cattle might have died.

The Permanent Secretary, Ministry of Agriculture, Alhaji Ahmadu Waziri said in Yola that while cases of rinderpest were being brought under control, the government has noticed an increase in the number of CBPP outbreaks in some local government areas, especially Yola, [indistinct ufore] and Song, respectively.

Alhaji Ahmadu told livestock innoculators at a training workshop that all efforts should be geared towards ensuring that vaccination against CBPP was also done vigorously.

According to him, the government has received reports of host-vaccination reactions in form of swellings and tail sloughs in some cases where CBPP vaccines were administered.

He explained that "as some cattle owners resist CBPP vaccination because of this reaction efforts should be made to minimise cases of adverse effects of vaccination."

The permanent secretary stressed that in view of the prevailing situation, methods of vaccines storage, transportation, reconstitution and application should conform with the laiddown procedure for the maintenance of the cold chainsystem.

Alhaji Ahmadu also remarked that reports of the past vaccination reactions were being investigated and the National Veterinary Research Institute, Vom, Plateau State would be duely contacted to examine the particular vaccine used.

On rinderpest campaign in the state, he announced that some positive results with regard to rinderpest control have been achieved since the beginning of the campaign, three years ago.

According to him, "the only four outbreaks of the disease recorded this year have been brought under control and closed by the end of July."

/12828
CSO: 5400/70

ROMANIA

STUDY OF LUMPY WOOL IN SHEEP DESCRIBED

[Editorial Report] Bucharest REVISTA DE CRESTEREA ANIMALELOR No 8, of August 1985 pages 46-54 carries an article by Dr. N. Verdes, Dr. Cecilia Minascurta, and Dr. Lucia Suveica, entitled "Lumpy Wool in Sheep." In the article are presented the results of an extensive study that was carried out on lumpy wool. According to the article the disease has not been diagnosed or described previously in Romania or its neighboring countries. The study was carried out in the spring and fall of 1982 on the infection by Dermatophilus congolensis of a flock of 2300 sheep of the Corriedale breed imported from Australia. Twenty-three percent of the sheep became infected and 7 percent died. The treatment that gave satisfactory results consisted of a dose of 50,000 U.I./kg of penicillin combined with 50 mg/kg of streptomicine injected intramuscularly in a single inoculation.

CSO: 5400/3009

YUGOSLAVIA

TRICHINOSIS OUTBREAK CAUSED BY 'MEAT CRISIS'

[Editorial Report] Belgrade BORBA in Serbo-Croatian on 15 January 1986 page 1 and other papers report that last year there were 1,240 cases of trichinosis in Yugoslavia (92 in Bosnia-Hercegovina, 166 in Croatia, 3 in Macedonia, 10 in Slovenia, 130 in Serbia proper, and 839 in Vojvodina), described by Dr Svetislav Ristic, epidemiologist at the Federal Institute for Health Protection, as "unusually high for our country." Most of the cases were registered in December last year, namely, 654, of which the large majority were in Vojvodina (BORBA 10 January 1986 p 12). The same paper reported new cases, however, in eastern Slavonia--all arising from the consumption of home-processed pork meat and sausage. Ristic said the reason for the outbreak should be sought in the "meat crisis," or the buying of inexpensive pork meat from private producers without veterinarian control.

/9599
CSO: 5400/3008

BRIEFS

CORRIDOR DISEASE OUTBREAK--A fresh outbreak of the corridor disease has claimed hundreds of lives of cattle in Choma, Namwala and Monze areas this year. Choma district governor, Mr Mukanzo Vunda named the areas affected in his district as Muzoka, in Chief Moyo and Chilalantambo in Chief Mapazna's area. Mr Vunda said that it was sad to note that some cattle owners were not prepared to dig dipping tanks or utilise the existing ones and yet they would be the ones to lose once their animals start dying. Although the Veterinary Department has been able to supply drugs to the affected areas, Mr Vunda urged cattle owners to utilise the existing dipping tank committees to raise funds for drugs with which to combat the corridor disease. [Text] [Lusaka ZAMBIA DAILY MAIL in English 22 Jan 86 p 3] /13104

CSO: 5400/69

BANGLADESH

BRIEFS

JESSORE CROPS DAMAGED--Pests have attacked a vast area of crop land in greater Jessore district. Pests have damaged IRRI and Boro HYV saplings in ten districts of Jessore Zone. The districts are Jessore , Khulna Kushtia Narail Magura Jhenidah Stakhira Bagerhat Choadanga and Meherpur. Total area of Sapling throughout this zone is 5,000 acres. But 50 per cent of the saplings have already been damaged by the Pamris. The Agriculture Department undertook a scheme of supplying pesticides labourers and spray machines to intensify anti-pest drive in the region but they failed to supply insecticides and spray machines. As a result production of Rabi crops in the ten districts will fall. According to another source, about 60 per cent wheat crops in this zone have been attacked by Parnri. No measures have been taken by government to fight the pests it is reported. [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Jan 86 p 7] /12828

CSO: 5450/0102

BRAZIL

BRIEFS

CANKER IN ORANGE TREES--Brazil may lose its position as the world's largest orange juice exporter if the government does not adopt measures to control the citric canker affecting the country's orange tree plantations. During the Eighth Brazilian Fruit Industry Congress in Brasilia, (Eocino Leonardo Kholer), president of the Brazilian Fruit Industry Society, reported the existence of resistance to the destruction of contaminated orange tree plantations, due to the producers' lack of technical knowledge of the dangers of this disease. In turn, EMBRAPA [Brazilian Agriculture and Livestock Research Enterprise] President Luis Carlos Pinheiro Machado announced that a commission of Agriculture Ministry experts, with the cooperation of Argentine researchers and planters, is trying to discover methods to eliminate the disease without destroying the trees. [Text] [Brasilia Radio Nacional da Amazonia in Portuguese 0900 GMT 28 Jan 86] /9599

CSO: 5400/2034

CANADA

ATTEMPT TO CREATE BUDWORM VIRUS DISEASE STRAINS

Toronto THE SATURDAY STAR in English 11 Jan 86 p M10

[Article by James Carlisle]

[Text]

CANADIAN government scientists are attempting to create new viral disease strains which they will spread throughout the forests of eastern Canada. But humans have nothing to fear, in fact the new viruses will benefit all of us as they specifically kill the spruce budworm.

"Attempts to control the budworm by chemical means have not been completely successful since the insects infest almost 16 million hectares of the forests of Ontario and Quebec alone. We are hoping the virus will be an economically and ecologically favorable alternative to chemical spraying," says Dr. Basil Arif, director of the Forest Pest Management Institute's anti-budworm program.

The virus, called *Chloristoneura fumiferanza NPV*, is a natural pathogen of the budworm. It was first discovered in dead budworms collected in the forest. Dr. Arif and his colleagues cultured the virus and a team of ecologists field-tested the pathogen, dropping it from airplanes onto test plots.

"The field-trials showed that the cultured virus will kill the insect pest. The problem is that the virus must be grown in budworms cultivated in the laboratory so it is very costly to produce. And the virus is not very virulent. It takes a lot of very expensive virus to kill one insect," says Dr. Arif.

In order to bring the price of the virus into line with cheap insecticides the scientists are attempting to culture it in larger insects. "It is very simple really," says Dr. Arif. "We must grow the virus in live insects, so we are trying to widen the host range of the virus. Now it is very specific for the budworm, but if we can widen its host range by inducing it to grow in larger insects we can harvest more virus per animal grown. This should greatly reduce the cost of the disease agent."

After growing the virus in the infected insects, the researchers extract the pathogen and spray it on evergreen trees. When a budworm eats the sprayed leaves, or the body of the other insect affected by the virus, the animal catches the disease and dies.

"Unfortunately, the virus doesn't stay active forever," says the biologist. "Ultraviolet light in sunlight destroys it. Since the *Chloristoneura* virus is so weak, we are using genetic engineering techniques to create a more potent viral strain."

The government scientists are collaborating with Dr. Peter Krell from the University of Guelph to create the new strains.

Since the *Chloristoneura NPV* virus, and the new strains built by the scientists, will be specific for the budworm and its near relatives, the scientists expect it to keep the budworm from damaging trees without endangering the other animals, plants or people in the woods.

/9274
CSO: 5420/51

CANADA

ONTARIO EFFORTS TO COMBAT GYPSY MOTHS, BUDWORMS DISCUSSED

Gypsy Moth Spray Campaign

Ottawa THE CITIZEN in English 22 Jan 86 p C3

[Article by April Lindgren]

[Text]

Ontario's ministry of natural resources is planning to spray the controversial chemical carbaryl and a natural biological agent this spring to combat the gypsy moth in Eastern Ontario, a spokesman said Tuesday.

Natural Resources Minister Vince Kerrio will announce Friday at Sharbot Lake how many acres of provincial land will be sprayed with carbaryl.

The Ontario government proposed a carbaryl spray campaign for Eastern Ontario in 1982, but eventually quashed the idea because of strong opposition from the public and environmentalists. But the moth's steady invasion of forests since 1982, coupled with pressure from the public, has pushed the province to act.

Carbaryl was used widely in the U.S. until recently when another form of chemical control was adopted. This new chemical will not be approved for use in Canada in 1986.

Alec Denys, co-ordinator of Eastern Ontario's gypsy moth program, said about 25 per cent of provincial Crown land targeted for spraying will now be treated with carbaryl. The rest of the designated area will be sprayed with bacillus thuringiensis (B.T.), a natural bacteria that is harmless to plants and animals but a deadly killer of larvae.

But, he said, the pesticide is known to be extremely toxic to bees and other pollinators and to aquatic invertebrates, key players in the aquatic food chain.

Carbaryl, known also by the trade name Sevin, has been widely used as an agricultural chemical since it was first registered in Canada in the 1950s. It is available for garden use and has been used for years in flea collars for cats and dogs.

A review of carbaryl prepared for the Ontario environment ministry in 1982 by the province's Pesticides Advisory Committee said earlier studies showing the chemical causes birth defects in dogs have been followed up. After ordering and reviewing more studies, the U.S. Environmental Protection Agency "has concluded that carbaryl does not present an undue health risk."

The gypsy moth began damaging Ontario forests in Eastern Ontario in 1982 when it infested a small stand of trees near Kaladar.

Ministry officials are now estimating that 1.9 million acres of Eastern Ontario forests will be ravaged by the pest this summer.

A public meeting in Sharbot Lake will follow Kerrio's announcement, Denys said. It is the first of five public information sessions on the proposed Eastern Ontario spray program. Later meetings will be held in Tweed Jan 27; in Pembroke on Jan. 28; in Lansdowne on Jan. 29; and at the Nepean Sportsplex in Nepean on Jan. 30.

Reaction from environmentalists, long opposed to chemical spraying, was predictable.

"I think it is really regrettable that the ministry wants to recommend any use of carbaryl at all for this program," said Elizabeth May, an Ottawa environmental lawyer and author of books and articles on forest spraying.

"B.T. is as effective as carbaryl, so there's no need to add the unnecessarily environmental risk."

B.T. occurs naturally in the environment, but not in sufficient quantities to stop the gypsy moth larvae from chewing through the foliage of millions of trees.

Maurice Millson, chief of pesticides at Environment Canada's commercial chemical branch, said the department has never reviewed the existing studies of carbaryl to determine how long it persists in the environment and how it is leached from soil into water.

Budworm Spraying Program

Toronto THE GLOVE AND MAIL in English 27 Jan 86 p B1

[Article by Kimberley Noble]

[Text] Ontario's forest products companies, which have spent the past five years fighting the worst budworm infestation ever to hit the province, could get help if the provincial Government follows through with its plans to increase the aerial spraying of insecticides this summer.

Announcements that the Ministry of Natural Resources will almost triple the size of the spraying program is "a tremendous step forward, compared with last year," said Joe Bird, president of the Ontario Forest Industries Association.

"It comes fairly close to what industry wanted in terms of the area that requires spray protection," he said. The ministry has said it plans to spray 745,000 hectares in Northern Ontario, compared with 251,000 last summer.

The budworm issue has been "the No. 1 priority" in meetings between forest industry and Ontario Government representatives this winter, according to a recent newsletter from Boise Cascade Canada Ltd. of Toronto.

The proposed program is to cost about $20-million in total — up from $6-million in 1985 — and is to involve the spruce and jackpine budworms as well as smaller infestations of the gypsy moth.

Last year, the Ontario industry stepped up its efforts to convince provincial authorities to increase the area of forest sprayed and to allow spraying with chemical insecticides.

Companies operating in the infested regions expressed disappointment with the ministry's decision a year ago to use only the biological insecticide Bt (Bacillus thuringiensis) on "three-tenths of 1 per cent of the hectares affected."

Ontario's forest industry expects to lose $16-billion worth of harvestable timber to the spruce and jackpine budworms unless the province widens its spray program and starts using chemicals, OFIA literature says.

The proposed spraying program is subject to Government approval following a series of 24 open-house meetings across Northern Ontario, which began two weeks ago and ended on the weekend. The meetings were organized to give area residents and environmental groups an opportunity to voice opposition to the ministry's plans.

Pollution Probe, a leading Canadian environmental group, has said the dramatic decline in insect populations in 1985, compared with

1984, means that an expanded spraying program, especially one including chemical sprays, is not necessary and cannot be justified.

Chemical sprays, while more effective than biological poisons, are considered more harmful to wildlife and the environment. Chemicals kill on contact, but Bt is a stomach poison that must be eaten and digested by the budworms.

Industry studies of the budworm infestation concluded that the insects — spruce budworm populations, measured by egg masses, declined by 75 per cent and the jackpine budworm by 48 per cent — were hurt more by last summer's bad weather than by the biological sprays, Mr. Bird said.

"The rain and lack of sun were the principal reasons why the egg mass counts were down. But we can't count on weather conditions again."

Despite the decline in the number of egg masses, budworm densities remain high enough in many areas to support dangerous insect populations in 1986, according to the disease survey unit of the Canadian Forestry Service.

The area selected for chemical spraying contains trees — mostly balsam and white spruce, used for pulp and paper production — that have undergone "so much defoliation that one more year will finish them," Mr. Bird said.

Balsam fir can stand four or five years of constant feeding by the budworm; spruce trees last seven or eight years. Unless the trees are harvested within two years of losing their foliage, the fibre dries out and becomes commercially useless.

Company foresters said the spraying program is designed to keep the worst-damaged trees alive until loggers can get to them. Abitibi-Price Inc. of Toronto and Great Lakes Forest Products Ltd. of Thunder Bay, Ont., are both building additional logging roads and converting pulp mills to handle greater quantities of the species affected.

Abitibi, Boise Cascade, Great Lakes Forest and other companies — including Domtar Inc. of Montreal and E. B. Eddy Forest Products Ltd. of Ottawa — have said they could lose 20 per cent of the trees on their Northern Ontario licences unless the budworm's progress is slowed.

Since 1974, budworms have eaten their way through 16.6 million hectares of woodland between Saskatchewan and the Maritime Provinces, for a total of 150 million cubic metres of timber. That is roughly equivalent to the trees harvested by forest companies in this area in the same period.

/9274
CSO: 5420/51

JAMAICA

BRIEFS

STEPS UNDER WAY AGAINST BLUE MOLD THREAT TO TOBACCO--What has been described as one of "the most dangerous fungal diseases affecting tobacco" -- Blue Mould -- has hit tobacco farms across Jamaica, posing a new threat to the industry after large scale-destruction of plants and holdings resulting from the November rains last year. Manager of Agri Products of Jamaica, Mr Raymond Reid, said the disease could "wipe out the tobacco industry" but his company which plants tobacco for the major users here said it was fighting the disease and believes it is on top of it. Assistance has been sought from the University of North Carolina and special spray cans are being imported to carry out intensive spraying of fields. Hardest hit are farms in Clarendon. It could not be determined up to yesterday what the extent of the loss was, but the disease began affecting the tobacco plants for at least three weeks now. First to be hit were small farmers' holdings in St Elizabeth where most of the "donkey rope" tobacco crop, used for making cigars, was destroyed. The disease was next discovered in St Thomas where there are large acreages in the Trinityville area, and later in Clarendon. Bad weather late last year and early January provided ideal conditions for the Blue Mould which thrives in wet and overcast conditions of high soil moisture and high humidity. The lower leaves of the plants are those destroyed first by the disease. Spraying is done with Ridovil and this is to be alternated with an insecticide. Mist sprayers with motorised blowers which would provide proper spraying are being imported in the fight against the disease, in which foreign experts have been consulted. The Cigarette Co of Jamaica is reported to have lost some $10 million in tobacco and coffee destroyed by the flood rains. The Jamaica Tobacco Company also suffered heavily losing over a dozen barns but a spokesman said an insurance claim had been put in for the losses. /Excerpts/ /Kingston THE DAILY GLEANER in English 28 Jan 86 p 1/ /12851

CSO: 5440/046

PHILIPPINES

BRIEFS

INSECT THREAT TO IPIL-IPIL--A tiny insect threatens to wipe out the ipil-ipil trees planted to some 300,000 hectares and which generate earnings of at least P4.5 billion yearly. The outbreak of the pests, called psyllids or jumping plant lice, became notable 4 months ago, but so far the government appears to have failed to react substantially to control it. While scientists have discovered a possible solution to the growing infestation--the spraying of selected pesticides--the government appears to have lagged in the dissemination of the information. [Excerpt] [Manila BUSINESS DAY in English 21 Jan 86 p 21 HK] /9599

CSO: 5400/4345

TANZANIA

LOCUSTS IN TABORA

Dar es Salaam DAILY NEWS in English 6 Jan 86 p 1

[Text]

BIG swarms of red locusts may destroy crops in Igunga District, Tabora Region, unless immediate action is taken to spray the insects, *Shihata* reported.

The District Commissioner, Ndugu H. J. Komba, said in Tabora yesterday that big swarms of red locusts had been cited at Itumba and Buchenchegele villages early last month and that the number had increased since.

He said the locusts had invaded Itumba and Buchenchegele villages.

Confirmed reports also said that the locusts had also been cited in the Wembere plains, heading west towards Manonga Valley in Igunga District.

Ndugu Komba said apart from 2,000 litres of spraying chemicals received by the Agricultural Department at Itumba in December last year, no other measures had been taken against the insects.

At the beginning of December last year, the Agricultural Department in Tabora Region said a spraying plane had been ordered from Mbala Zambia, but so far the plane had not arrived and no reason given.

/12828
CSO: 5400/71

SITUATION OF RICE PEST IN PAST 10 DAYS REPORTED

BK310947 Hanoi Domestic Service in Vietnamese 2300 GMT 30 Jan 86

[Text] According to a report from the Vegetation Protection Department of the Agriculture Ministry, small leaf rollers have damaged early winter-spring rice and seedlings in the past 10 days in the southern provinces. From 10 to 20 rollers per square meter were reported in localities with the highest density.

In the Mekong Delta alone, some 23,000 hectares have been damaged. Together with small leaf rollers, rice leaf beetles have also appeared on more than 10,000 hectares in the Mekong Delta at the density of 5 to 20 per square meter. Moreover, some 25,000 hectares there have been affected with blight at the rate of 20 to 30 percent in the least affected localities and 50 percent in the hardest hit localities.

Along with insects, rice blast has also caused damage to some 15,000 hectares in the Mekong Delta. In Binh Tri Thien Province, rice stem flies have appeared at a density of 50 to 100 per square meter and up to 400 in the hardest hit area.

In the northern provinces and plains, rice leaf beetles and brown plant-hoppers have appeared at a density of 100 per square meter. Rice blast has occurred in some localities and on the newly transplanted rice area in the 4th region.

In the days ahead, small leaf rollers, rice leaf beetles, blight, and stem borers will continue to harm the winter-spring rice. In the central coastal provinces, rice stemflies will continue to appear in some localities and blight will cause the most damage to the already affected areas of seeds.

In the northern provinces, rice leaf beetles and blight continue to harm the 5th month rice and spring rice seedlings. Cirphis salebrosa will gradually increase in the area of spring corn.

The Vegetation Protection Department reminds southern localities of the need to spray insecticide to eradicate small leaf rollers, stem borers, rice leaf beetles, and rice stemflies in the hardest hit areas. At the same time, additional fertilizer must be applied to areas affected by blast.

In the northern localities, insecticide should be sprayed on areas of potato and tomato with the highest density of stemflies. Rice seedlings and the newly transplanted rice should be continually protected against cold. At the same time, cirphis salebrosa on the area of corn should be eradicated when the corn start to grow ears.

/12624
CSO: 5400/4347 END